

Library  
**Adventurers'**  
**Club**

**REGISTRATION FORM**

Date: \_\_\_\_\_



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Parent's phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Would you like to receive emails about other children's events?    YES    NO

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Library Adventurer's signature: \_\_\_\_\_

Library Card Number: A \_\_\_\_\_



Casey-Cardinia  
Library Corporation  
www.cclc.vic.gov.au

*imagine*  
**explore**  
**understand**

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