

# VACSAL NAIDOC VARIETY NIGHT REGISTRATION FORM

**NAME:** .....

**CONTACT:** .....

**ACT NAME:** .....

**ACT TYPE:** .....

**CATEGORIES: (Please Circle)**

**Cultural      Open Age**

**4-7yrs      8-12yrs      13-16yrs**

**If you are under the age of 12 registration form  
must be signed by parent or guardian.**

**Signed:** .....

***PLEASE PROVIDE OWN MUSIC***

**Please return Registration Forms  
to:  
Mail to: VACSAL  
469 High St NORTHCOTE VIC 3070  
Or Fax: 9416 4147**



***STRICTLY NO DRUGS AND ALCOHOL***