

Weed Warriors – additional new school registration form

This form is to be used to register new schools by a Key Contact that has already registered an initial school and has received a Weed Warriors Starter Kit.

Date _____

Office use only

REG #

Key Contact details

Name		
Organisation		
Position		
Postal address		
		Postcode
Telephone (BH)	Fax	Mobile
Email		

- I have already registered an initial Weed Warriors school and have received (or ordered) a Weed Warriors Starter Kit*
*Please tick if correct

Initial Weed Warriors school details

Name of school		
School contact		
Position		
Targeted year level		
Postal address		
		Postcode
Telephone	Fax	Mobile
Email		

Program details

*Please circle proposed term

Proposed timing of program	Month	Year		
	Term 1	Term 2	Term 3	Term 4
Proposed target weed				
Proposed biological control agent				

- I have already ordered/received a Key Contact Resource for this weed and biological control agent*
*If NO, please order one below

Payment

	Cost	Quantity	Total
Additional school kit (Teacher Resource and accreditation)			
Key Contact Resource (if needed)			
		Plus 10% GST	
		TOTAL	

Please send me an invoice made out to:



Please return this completed form to:

National Weed Warriors Coordinator

Please refer to the Weed Warriors website www.weedwarriors.net.au for contact details

THIS FORM IS ONLY VALID IF THE KEY CONTACT HAS ALREADY REGISTERED AN INITIAL WEED WARRIORS SCHOOL

