

# Weed Warriors – initial registration form

Date \_\_\_\_\_

Office use only

REG # \_\_\_\_\_

## Key Contact details

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

## Initial Weed Warriors school (Add additional schools on separate form)

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				

## Payment

	Cost	Quantity	Total
Weed Warriors Starter Kit (including resources for initial school)			
		Plus 10% GST	
		<b>TOTAL</b>	

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](http://www.weedwarriors.net.au) for contact details

