



EPILEPSY AUSTRALIA TRIVIA CHALLENGE REGISTRATION FORM

2010!

Contact Name: **Position:**.....

School: **Address:**.....

Tel No: **Fax No:**

Email Address:

YES. We will be participating in Trivia Challenge in 2010!

NO. Unfortunately we can not participate in Trivia Challenge this year

Class	Teacher	Year (4, 5, 6 & 7)	No. students participating
e.g. 5J	Ms Mary Jones	5	24
Total			*

* Please note that the total of students participating is used by us in the preparation of your quiz kit. Please let us know if the number changes.

Signed: Date:.....



Send to: Trivia Challenge,
Epilepsy Queensland,
PO Box 1457, Coorparoo BC QLD 4151

or Fax: (07) 34355025
(email: jvorster@epilepsyqueensland.com.au)

