



Registration Form

2020

Registrations Close: **TBA**
Date of Celebration: **2 July 2020**

Baby's First Name _____

Baby's Middle Name _____

Baby's Surname Name _____

Date of Birth (DD-MM-YY) ____ / ____ / ____

**Please note that the names written above will appear on your baby's certificate as spelt above.*

Parent/Guardian's Name _____

Address _____

Suburb _____ Postcode _____

Telephone _____ Mobile _____

Email _____

Signature of Parent/Guardian _____ Date ____ / ____ / ____



TERMS & CONDITIONS

1. Your child must be 15 months or younger on the day of the event.
2. Parent/Guardians and child to be welcomed must be residents of the Bundaberg Regional Council Area.
3. Numbers are limited to 150.
4. Registrations must be in by close of business on the nominated closing date
5. Consent to photograph, record, film or videotape for public release. I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the person named above by Bundaberg Regional Council or its agents. I also grant Bundaberg Regional Council the right to edit, use, and reuse said products for purposes including use in print, on the internet, and all other forms of media. I also hereby release the Bundaberg Regional Council and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above. Where possible Bundaberg Regional Council will make acknowledgement to the person/s captured in any photograph, recordings, film or videotape by name provided on this form. I understand that I will not be paid by Bundaberg Regional Council for giving this permission.

SUBMITTING YOUR REGISTRATION

Email completed form to
comdev@bundaberg.qld.gov.au or
Alternatively come and visit us at
157 Bourbong Street, Bundaberg.

WELCOME BABY CELEBRATION PARTNERS

