



Playgroup Affiliation Form 2019 (Organisation)

Office Use Only: Date Received: __ / __ / __ Certificate Issued: __ / __ / __
Database Entered: __ / __ / __

PLAYGROUP DETAILS

| | | |
|---------------------------|--------------------------------|-----------------|
| Playgroup Name | | |
| Venue Address: | | |
| Session Times: | Monday | Tuesday |
| Session Costs: \$ | Wednesday | Thursday |
| | Friday | Sat/Sun |
| Numbers Attending: | Families: Children: | |

MAIN CONTACT PERSON FOR CORRESPONDENCE AND PLAYGROUP ENQUIRIES

Full Name:

Contact Phone :

Contact Email:

Mailing Address :

Payment Method, please circle : Cash Cheque Credit card Bank deposit

Credit Card No ____ / ____ / ____ / ____ Exp Date __ / __

Cardholders Name _____

Cardholders Signature _____

| | |
|------------|---------|
| Membership | \$55.00 |
| Total | \$ |

To enable us to advise potential members about your playgroup, please complete the following for each session that you offer:

- Does your playgroup meet during school holidays? Yes/No
- Does your playgroup have an outdoor area? Yes/No
- Does your playgroup offer excursions? Yes/No
- Does your playgroup have an age limit
If yes stage age _____ Yes/No
- Does your Playgroup have wheelchair access? Yes/No

In a few words, how would you describe your playgroup to a potential new member?

Please email your completed form to admin@playgrouptas.org.au or post to:

NORTHERN REGION:

PO BOX 799
Launceston TAS 7250