Tree of Life
Centre for Christian Belief,
Spirituality and Australian Culture

Tree of Life Weekends Programme Application/Registration Form

First Name: _____

Surname: _____

Address: _____

Mobile: _____

Email: _____

EMERGENCY CONTACT

Name: _____

Number: _____

I accept the requirements of the Programme as detailed in the Brochure and the attached Information Sheet

Signed: _____

Date: _____

Please indicate any special dietary requirements:

Complete and return to:

The Revd Judy Van Rossum judithaclay1@bigpond.com as soon as possible and no later than 4 January 2027