



EPILEPSY FOUNDATION OF VICTORIA
Trivia Challenge
 REGISTRATION FORM

Contact Name: Position:.....
 School:
 Address:
Postcode:.....
 Tel No:Fax No:
 Email Address:

YES. We will be participating in Trivia Challenge this year and here are our school details

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

Class	Teacher	Year (3, 4, 5 &/or 6)	No. students participating
<i>e.g. 5J</i>	<i>Ms Mary Jones</i>	<i>5</i>	<i>24</i>
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: Val Bates, Trivia Challenge Coordinator,
 Epilepsy Foundation of Victoria,
 818 Burke Road, Camberwell, Vic. 3124
or Fax: (03) 9882 7159 (email: vbates@epilepsy.asn.au)

