



## **KARRINYUP MALL WALKER REGISTRATION FORM 2023**

Please print very clearly and complete every section do not leave any blank lines

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age:  55-64  65-74  75-84  85+

T-Shirt size: Small Medium Large XL 1XL 2XL

### **EMERGENCY CONTACT DETAILS**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

### **PHOTO CONSENT**

By signing below I give consent to be photographed or videoed by Karrinyup Shopping Centre Mgmt. I authorize that the photos may be used for professional development and promotion by the centre.

Sign here: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO :**  
**The Concierge Desk, located on the ground floor next to David Jones or**  
**The Mall Walking Volunteer Co-ordinator**