



# FAMILY SESSION BOOKING FORM YEAR 7-10

**To book a program, please complete and return of this form.**

One month prior to the date of your program, you will receive a Confirmation Package, which includes advertising material.

SCHOOL NAME: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ Fax: \_\_\_\_\_

SCHOOL EMAIL: \_\_\_\_\_

NAME OF CONTACT PERSON/ORGANIZER: \_\_\_\_\_

PHONE: \_\_\_\_\_ POSITION: \_\_\_\_\_

VENUE OF SESSIONS (If not held at school): \_\_\_\_\_

**ENROLMENT:**

Year 7 \_\_\_\_\_ Year 8 \_\_\_\_\_ Year 9 \_\_\_\_\_ Year 10 \_\_\_\_\_

**PREFERRED DATE**

____/____/____
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**Year 7-10**  
**“I Am Changing...but I’m not alone”**  
**7.00pm – 8.30pm**

**Return to:**  
[bookings@familylifestvictoria.org.au](mailto:bookings@familylifestvictoria.org.au)  
PO Box 583 Camberwell, VIC 3124  
Tel: (03) 9813 2377 Fax: (03) 9813 2355