



DIG BOOKING FORM

SECTION A: PERSONAL INFORMATION

Full Name: _____

Postal Address: _____

Email: _____

Phone: _____ Mobile: _____

Medical Conditions: _____

Dietary Requirements: _____

EMERGENCY CONTACT

Full Name: _____ Phone: _____

Relationship: _____

SECTION C: PAYMENT OPTIONS

Direct Debit (Account Name: Kronosaurus Korner Account No:501 730 576 BSB: 484 799) (Please put your 'YOUR NAME' as a reference to avoid payment delays)

Credit Card	Visa	Master Card
Name of Card: _____	Card No: _____	
Signature: _____	Expiry Date: ____/____	CVC: _____

SECTION D:

PHOTOGRAPHIC CONSENT

Photos, video, audio & digital recordings of dig participants may be used to publicise Kronosaurus Korner. Media representatives may be present during digs. If there are any concerns about this please advise the Curator.

ACKNOWLEDGEMENT

I acknowledge and I'm prepared to undertake my role as a paying participant, for Kronosaurus Korner. I agree to abide by all directions given by Kronosaurus Korner Staff.

Signature _____ Date: ____/____/____

PLEASE RETURN THIS FORM TO

Kronosaurus Korner, PO Box 93, Richmond QLD 4822 or email: enquiries@kronosauruskorner.com.au.