



# Bendigo Chinese Association Inc.

ABN 49 262 450 348

13 BRIDGE STREET, BENDIGO 3550  
PO BOX 877, BENDIGO 3552

Phone 5441 5044

## EXPRESSION OF INTEREST Performers' Registration Form

**Team you wish to join** *(please tick)*

Lion team  Dragon team  Dancing team

### Personal Information

Surname \_\_\_\_\_

First name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers *Home* \_\_\_\_\_

*Work* \_\_\_\_\_

*Mobile* \_\_\_\_\_

Email Address \_\_\_\_\_

Parent's/Guardian's Names (if under 18) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School Attending \_\_\_\_\_

Grade/Year Level \_\_\_\_\_

Are you or your family a Bendigo Chinese Association member Yes/No