

QPRC Aquatics – Membership Booking Form

Personal Details	
Family Name	
First Name	
Date of Birth	
Address	
Suburb	
State	
Postcode	
Phone Number	
Email Address	
List any relevant medical information	
Membership Type	
Length	10 Visit Pass / Three Months Membership / Six Months Membership / 12 Months Membership / Summer Pass – Eastern Pools Only
Type	Family (4 people, minimum 2 children) / Family (2 adults, unlimited children) / Adult / Child, Senior and Student / Concession
Emergency Contact Details	
Family Name	
First Name	
Phone Number	
Email Address	

- Additional Family Members (Family passes only)

OFFICES

144 Wallace St, Braidwood
10 Majara St, Bungendore
256 Crawford St, Queanbeyan

POSTAL

PO Box 90, Queanbeyan NSW 2620

PHONE

P: 1300 735 025

EMAIL/WEB

W: www.qprc.nsw.gov.au
E: council@qprc.nsw.gov.au

Family Member 1	
Family Name	
First Name	
Date of Birth	
List any relevant medical information	
Family Member 2	
Family Name	
First Name	
Date of Birth	
List any relevant medical information	
Family Member 3	
Family Name	
First Name	
Date of Birth	
List any relevant medical information	

- Please re-print this page and complete for additional children