



Knight School  
 C/- Living History Australia  
 P.O. Box 15300  
 City East Qld 4002

Please complete this booking form and include it with your Bank Cheque or Money order.  
 Orders received without this form will not be accepted.

Name: \_\_\_\_\_  
 (Parent/ Guardian/ Adult Participant)

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

Town / Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

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

Knight School Course Dates	
Please fill in the dates you wish your child to attend	
	Knight School Course Dates

Please complete details of all those participating.

	Participants Name	Age	Medical Conditions/ Allergies	Selected Courses
1				
2				
3				
4				
5				
6				
7				
8				

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Please Print)

Signature: \_\_\_\_\_