

Over to You Registration Form



Contact teacher: _____

School: _____

Type of school:

Government Catholic Independent Other

Metro Non-Metro Disadvantaged School

Please ✓ relevant boxes.

Phone: _____

Fax: _____

Mobile: _____

Email: _____

Project:

This could include a statewide project from the COME OUT Schools' Program or a performance, parade, artshow or any other COME OUT event you're organising in your school to celebrate the Festival.

Please ✓ the box if you would like your event to be listed on the COME OUT website and are willing to participate in potential media stories.

