



KIDS MATTER GROUP REGISTER

Facilitator

Venue

Dates

First name	Surname	Contact number & email	Taster Date <input type="checkbox"/>	Session 1 Date <input type="checkbox"/>	Session 2 Date <input type="checkbox"/>	Session 3 Date <input type="checkbox"/>	Session 4 Date <input type="checkbox"/>	Session 5 Date <input type="checkbox"/>	Session 6 Date <input type="checkbox"/>	Booster Date <input type="checkbox"/>	Referee

Notes: