

KUMBIA STATE SCHOOL P & C ASSOCIATION  
**24<sup>th</sup> ANNUAL KUMBIA BRAIN DRAIN 2017**  
TEAM NOMINATION FORM

**Team Name** \_\_\_\_\_

**Team Members**

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

Minimum contestant age is STRICTLY 15+ years

**Team Contact Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_

**Dietary Requirements? Please specify:** \_\_\_\_\_

**Seating Access requirements (ie Wheelchair/Pram etc)** \_\_\_\_\_

**Corporate OR Standard Table**                      Please circle

**FEES:** Corporate Table \$240 Standard Table \$120

**BUS PASSES:** Y/N Total Passes Required \_\_\_\_\_

(\$5 per person departing Kingaroy Bus Terminal @ 6pm sharp!)

**PAYMENT OPTIONS**

**Cash**

**Cheque** (payable to Kumbia State School P&C Association)

**Direct Deposit**

BSB: 064418 Acc No: 00902253 (team name/contact name as reference)

**Payment and nomination forms due in by Friday 5th July 2017**

EMAIL: kumbiabraindrain@gmail.com

POSTAL: Attn: Kumbia Brain Drain. Kumbia State School. Bell St Kumbia 4610

PHONE ENQUIRIES: Michelle 0428 968 165