

Participant Details Form

General Details

First Name	<input type="text"/>	Surname	<input type="text"/>
Date of birth	<input type="text"/>		
Address	<input type="text"/>		
	Suburb		P/C
Phone (h)	<input type="text"/>	or	<input type="text"/>
Mobile	<input type="text"/>		<input type="text"/>
Email	<input type="text"/>		

Parent's names

Mother	<input type="text"/>	Father	<input type="text"/>
--------	----------------------	--------	----------------------

Participant Details Form

General Details

First Name	<input type="text"/>	Surname	<input type="text"/>
Date of birth	<input type="text"/>		
Address	<input type="text"/>		
	Suburb		P/C
Phone (h)	<input type="text"/>	or	<input type="text"/>
Mobile	<input type="text"/>		<input type="text"/>
Email	<input type="text"/>		

Parent's names

Mother	<input type="text"/>	Father	<input type="text"/>
--------	----------------------	--------	----------------------