



123C Angove Street, North Perth WA 6006

ABN: 11 686 588 723 |

ACN: 686 588 723 Registered Charity (NCN) Collector Licence No:

CC 23891

Web: www.harshafoundation.com.au | Email: harshafoundation1@gmail.com

HFL - Emotional Wellbeing Workshops - Reservation Form

Parent / Guardian/Attendee Full Name:
Email Address:
Contact Number:
Workshop Selection Please tick the workshop your child will attend:
□ Primary School Workshop (Years 4–6)
□ High School Workshop (Years 7–12)
□ Community Workshop (Adults/Individuals/Families)
Attendee Information:
Number of children attending: (if applicable)
Child's First Name:
Number of adults attending:
Allergies or Dietary Requirements Please list any allergies or dietary needs for refreshments:
Emergency Contact:
Name:





Empowering our community

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Phone Number:			
Permission & Acknowledgement: (please tick a	II approp	oriate boxes)	
☐ I, the undersigned, confirm that I am the parent permission for them to attend the HFL Emotional community event, that my child must be accomparaddress will be provided once our registration is considered.	Wellbein nied by a	g Workshop. I understand that this is a free a parent/guardian, and that the workshop	
\Box I, the undersigned, confirm I am 18 Years or old	der, and	will be attending the HFL workshop.	
☐ I acknowledge that I have disclosed any relevant medical or allergy information.			
☐ I consent to Harsha Foundation Limited contacting me by email for event confirmation and updates.			
Parent/Guardian/Attendee Signature:			
Date:			
Return Instructions: Please complete this form a subject line: Workshop Reservation.	and ema	il to: harshafoundation1@gmail.com with the	
Once received, you'll receive an email confirming	your res	erved seats and the full venue details.	
We look ferring to and	ing ver	thoral With gratitude	
We look forward to see	ang you	mere: with grantude,	

The HFL Team

Restoring lives - Building lives - Empowering young minds