A.B. Paterson College

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CRICOS PROVIDER NO. 00902F

TAX INVOICE

A.B. Paterson College Public Speaking Competition

YEAR 6 STUDENT ENTRY FORM

School: _____

Address: _____

Telephone No: _____ **Fax No:** _____

Contact Person: _____ **Email:** _____

Closing date for applications is Friday, 8 September 2017

***Please print names correctly**:*

Students' names will appear on the Programme and a Certificate so please ensure students' names are spelt correctly.

Student Name	Student Name	Student Name

Total No. of students: ☐

Cost per student: **$6.00** GST not applicable (Input Taxed Event) Total Amount Payable: ☐

Payments may be made by attaching a cheque, made payable to A.B. Paterson College Ltd, with your Student Entry Form and mailing to A.B. Paterson College, P O Box 460, HELENSVALE, Qld, 4212

If you would like to make a payment by EFT, please request a tax invoice by ticking this box ☐

In addition, providing your accounts email address……

Signed: …… **Date:** _____/_____/_____