



TANGAROA BLUE OCEAN
CARE SOCIETY

SOUTH WEST BEACH CLEAN UP GROUP REGISTRATION FORM

October 9th & 10th 2010



Group/Organisation Name: _____

Contact Person: _____

Address: _____

Phone: _____ Mobile: _____

Email Address: _____

How many people will participate from your group: _____

What stretch of coastline will your group clean up on the day.
Please be as specific as possible, attach a map if required

Does your group have insurance for activities? YES / NO

If so, please provide details or attach: _____

If we have individuals wishing to participate in the area you specified, would
you like us to pass your contact details to them? YES / NO

Does your group need any of the following materials?

Clean Up Bags: YES / NO If Yes, how many: _____

Gloves: YES / NO If Yes, how many: _____

Sharps Container: YES / NO

We will also provide Data Sheets, Information Sheets and rubbish pick up
(locations to be advised).

Please return Registration Forms to heidi@tangaroablue.com or
Post to Tangaroa Blue Ocean Care Society, PO Box 1176, Margaret River, WA 6285

