



SISTERS SLAY SIGN UP FORM

Workshop location: _____

Workshop date: _____

What's your name? _____

Where do you live? _____

Email addy? _____

Can we have ya mobile number? _____

When's your birthday? _____ / _____ / _____

Who told you about this workshop? _____

What's your tshirt size? 8 12 16 2XL
 10 14 18 3XL

Tell us more about you!

How do you like to catch up with
or stay connected with friends?

Pls only choose 2

- | | |
|--|--|
| <input type="checkbox"/> Mobile (txt, calling) | <input type="checkbox"/> School |
| <input type="checkbox"/> Social media (insta,
facebook, snapchat etc) | <input type="checkbox"/> Hanging out |
| <input type="checkbox"/> Community events | <input type="checkbox"/> Family events |
| | <input type="checkbox"/> Sports |

Please return completed form to
Casey Williams Administration Support
Program Officer at cwilliams@fvpls.org
or fax to **9416 0147**



Aboriginal Family
Violence Prevention
& Legal Service Victoria
Standing Firm Against
Family Violence

1800 105 303
www.fvpls.org

FVPLSVictoria @FVPLSVictoria