



## Teenager's Brain

### Registration form

#### Information – Parent / Guardian 1

Name: \_\_\_\_\_  
*Full names* *Last name*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Information – Parent / Guardian 2

Name: \_\_\_\_\_  
*Full names* *Last name*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Information – Children

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

#### General Information Required

How many seats would you like to book? \_\_\_\_\_

Please send me your monthly newsletters  Yes  No

How did you hear about the "My Teenager's brain" informative talks?

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## Payment Details

**Cost:**

R700 per person

R1200 per couple (parents/guardians)

**Banking details:**

Account holder: M van der Meulen

Branch number: 250655

Bank: FNB

Account type: Cheque

Account number: 62810571887

**Reference:** Name + Brain + Month (e.g. A vd Ber Brain Mrch)

**Very important:**

Email form and proof of payment to [mariska@merakicounselling.co.za](mailto:mariska@merakicounselling.co.za)