



## ARBOR WEEK 2008 REGISTRATION

### VICTORIAN SCHOOLS PARTICIPATION IN REVEGETATION WORKS

1. **Name of School:** \_\_\_\_\_  
Suburb: \_\_\_\_\_  
Department of Education and Training Region: \_\_\_\_\_  
Catchment Management Authority Region: \_\_\_\_\_
  
2. **Contact Person for Project: (e.g. Principal / Supervisor)**  
First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_
  
3. **Students, Teacher's and Parent helpers**  
Number of students: \_\_\_\_\_  
Year: \_\_\_\_\_  
Number of teachers: \_\_\_\_\_  
Number of parent helpers: \_\_\_\_\_
  
4. **How far from your school will you be able to travel to a planting site?**

5. Mode of transport

6. Has your school been involved in revegetation works previously?

7. Please tick the area you would prefer to participate in revegetation works.

Melbourne Northern Metropolitan  
Melbourne Southern Metropolitan  
Melbourne Eastern Metropolitan  
Melbourne Western Metropolitan  
Yarra Ranges  
Corangamite  
Glenelg Hopkins  
Mallee

West Gippsland  
East Gippsland  
North East Gippsland  
Goulburn Broken  
North East  
North Central  
Wimmera

8. Authority to submit:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

---

Please email your completed registration form to:

[arborweek@nrcl.org.au](mailto:arborweek@nrcl.org.au)

Please Note: While instructions will be given on planting techniques and placement of plants, Teachers and parents will be responsible for the supervision of their children/ students.

