**TICKET REGISTRATION FORM**

**PLEASE ENSURE YOU WRITE NEATLY AND USE BLOCK LETTERS ONLY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME OF TICKET:** | |  | | | | |
|  | |  |  | | |  |
| **We, the undersigned, support the registration of the ticket as provided for above and consent to the Returning Officer verifying certain attributes of our enrolment details (enrolment status, course location and course title) with the University to determine our eligibility to participate in the election.** | | | | | | |
|  | |  |  | | |  |
| **AUTHORISED OFFICER DETAILS** | | | | | | |
| **First Name:** |  | | **Last Name:** | |  | |
| **Student ID:** |  | | **Email Address:** | |  | |
| **Address:** |  | | | | | |
|  | | | | | | |
| **Mobile Phone Number:** | |  | |  | |  |
| **Signature:** | |  | |  | |  |
|  | |  |  | | |  |
| **First Name** | | **Last Name** | **Student ID** | | | **Signature** |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
| **First Name** | | **Last Name** | **Student ID** | | | **Signature** |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
| **First Name** | | **Last Name** | **Student ID** | | | **Signature** |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |