



Registration form

YOUR FREEDOM CHALLENGE TEAM	
Name of youth group	
Number of Team Members	5-10 10-20 20-50 50-100 (circle)
TEACHER CO-ORDINATOR	
Name	
Email	
Postal address (if different from school address)	
Daytime Phone (if different from school)	Mobile
STUDENT CO-ORDINATOR	
Name	
Email	
Postal Address (if different from school)	
Daytime Phone (if different from school)	Mobile

Return this form to us to: Freedom Challenge Registration, Amnesty International Aotearoa NZ, PO Box 5300, Wellesley Street, Auckland 1141. Or fax to (09) 303 4528.