

OVERTURE PROGRAM APPLICATION



Thank you for your cooperation in completing this application.

Please return via fax on **08 8212 7849** or mail to:
Daniella Ricciardi
Marketing Department
Adelaide Festival Centre, GPO Box 1269
ADELAIDE SA 5001

Name of your organisation:.....

Contact Person:.....

Address:.....

Phone:..... Website:.....

Fax:..... Email:.....

Whom does your organisation represent?

Why would your organisation benefit from membership of the Overture Program?
.....
.....

Are you a formally registered organisation? Yes No

Please provide details.....

Does your organisation receive Government or private financial assistance?

Please provide details.....

How many members does your organisation have?.....

Are you currently a member of this program Yes No

Is your organisation under the umbrella of a parent body? Yes No

If yes, identify parent body & contact person:.....

Phone:.....Email:.....

Fax:.....Website:.....

Do your clients have special requirements: Yes No

If yes, please state if your clients:

Are wheelchair users Have mobility impairments Have sight impairments

Have hearing impairments Have intellectual impairments Other

If "other" please state:.....

If there are other considerations that may assist with processing your application, please state here:
.....
.....

Signed:

Date:

For further information about the Overture Program or the application process, please contact Daniella Ricciardi on 8216 8728

Office Use Only:

Approved:

Date Application Received:

Signed:

Date: