TAX INVOICE Date:

|  |  |
| --- | --- |
| School Name |  |
| Readers Cup coordinator Contact Name |  |
| Readers Cup coordinator Email |  |
| Address of School |  |

Registration of Readers Cup Teams

|  |  |
| --- | --- |
| Competition Region  (Region Name) |  |
| Competition Division  (5/6, 7/8, 9/10) |  |
| Number of Teams |  |
| Total Amount  - $50 per team non member  - $45 per team current financial member | $ |

Payments can be made by direct deposit to our account:

National Australia Bank, Albert St, Brisbane – BSB 084 034 Account Number – 508 433 755

**PROCESS**

1. **Complete details on this tax invoice and email copy to** [**qld@cbca.org.au**](mailto:qld@cbca.org.au)
2. **When funds are received in our account we will issue a receipt with a code to use to register your teams. (This may take up to a week we are a totally volunteer run organisation) IMPORTANT – you must register your teams online**
3. **When you have this code go to the readers cup website –** [**www.readerscup.org.au**](http://www.readerscup.org.au)

**and register your team(s). Use the link to trybooking on the page of the region you are competing in. Use the code noted on the receipt at checkout so it reduces to $0.**