

# OVERTURE PROGRAM APPLICATION



Thank you for your cooperation in completing this application.

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

Name of your organisation:.....

Contact Person:.....

Address:.....

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

Fax:..... Email (required):.....

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 Krystle Aunger on 8216 8542

**Office Use Only:**

Approved:

Date Application Received:

Signed:

Date: