



Taupo Parents Centre

Discount Card

PARTICIPATION AGREEMENT

ORGANISATION _____

ADDRESS _____

PHONE _____

FAX _____

EMAIL _____

CONTACT PERSON _____

Date valid from and to
when (min 1 year) _____

Discount or Offer and Special Conditions / Validity

Eg: 20% discount (Sale goods, specials and special offers not included)

I/We hereby agree to honour the Taupo Parents Centre
discount card

Signed for the above

Signed on behalf of Taupo Parents Centre

Name _____

Name _____

Signature _____

Signature _____

Date _____

Date _____

**Taupo Parents Centre, 20 AC Baths Reserve, PO Box 1009,
Taupo 3351**

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www.parentscentre.org.nz/taupo

