

Enrolment Form

Where did you hear about us?

1. ENROLMENT DETAILS

Course Code	Participants name	Sex	Age	Fee	Office Use

2. CONTACT DETAILS (adult student or child's parent/carer)

Name:

Address:

..... Postcode:

Phone: Work/Mob:

Email:

Medical/Special Needs:

I have read and agree to the Centre Terms of enrolment (pages 21 & 22)

Signed: Date:

Tick here if you wish to subscribe to the Willoughby Park Centre e-newsletter - notification of term & holiday programs

Office use only:

Paid: Booking #: Total:

Receipt #: Booking #: Total:

Email List: Booking #: Total:

3. PAYMENT DETAILS

Total enrolment fees \$

Seniors/Tertiary student discount 5%

Pensioners/Health Care Card discount 10%

Card No: -\$

Credit card transaction fee 1% \$

Total amount payable: \$ _____

Method of payment: Cheque Credit Eftpos

Name on credit card:

Expiry date: ____ / ____ Visa M/card

Credit card No: _____