



# REGISTRATION FORM



Please tick if:

- RECEIPT REQUIRED
- PREVIOUS STUDENT

NAME .....  
(FIRST) (SURNAME)

ADDRESS .....

SUBURB ..... POSTCODE .....

TELEPHONE ..... (home)

..... (mobile)

EMAIL .....

EMERGENCY CONTACT ..... (relationship)

..... (name)

..... (telephone)

CLASS TIME/DAYS .....

LOCATION .....

### REGISTRATION FEES FOR THE 10 WEEK SESSION:

Pensioner / student rate

1 x p.w. = \$230.00	1 x p.w. = \$170.00
2 x p.w. = \$320.00	2 x p.w. = \$240.00
3 x p.w. = \$360.00	3 x p.w. = \$300.00
4 x p.w. = \$400.00	4 x p.w. = \$340.00

Introductory Offer for 4 Classes \$80.00 - Casual class \$25.00

Cash  EFT  Amount \$.....

PLEASE PAY YOUR INSTRUCTOR:

### OFFICIAL USE ONLY

PAYMENT RECEIVED Date .....

RECEIPT ISSUED YES/NO Date .....