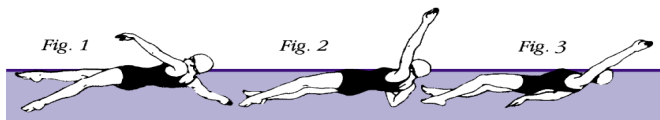


# BREWER SWIMMING



## OCTOBER SCHOOL HOLIDAY BOOKING FORM

Child's Surname:			Address (if new):		
First Name:	DOB:	Level:	Suburb:	PC:	
			Phone (H):	(M):	
			Email:		
			Parent's name:		
New swimmers call 1300 363 019 to discuss level			Medical Conditions:		
<input type="checkbox"/> <b>Riverside Learn To Swim &amp; Junior Squad</b>			<b>12 – 16 October</b> from 3.30-5.30pm	<b>\$82.50</b>	
Request 1: Time			Request 2: Time		
<input type="checkbox"/> <b>WLC Squad</b>	Week 1: <b>7 – 10 October</b> (mornings only)		Week 2: <b>12 – 17 October</b> (mornings & afternoons)		<b>\$33.00</b>
Week/s:			Days/Time:		

### PAYMENT DETAILS

<input type="checkbox"/> Cash	Date received:	<input type="checkbox"/> Credit card		
<input type="checkbox"/> Cheque	Date received:	<input type="checkbox"/> Visa	<input type="checkbox"/> Master card	Amount:
<input type="checkbox"/> EFT  <i>Please note our new bank details.</i>	A/c name: Brewer Swimming		Name on card:	
	BSB: 032 298		Card #: _____	
	A/c number: 293358		CCV #: ___ ___	
	Reference: Child's surname & initial		(last 3 digits on signature strip)	
	Date received:	Expiry Date:        /		Signature:

### OFFICE USE ONLY

Class booked:		
Amount:	Total Family Amount:	
Comments:		
Date received:	<input type="checkbox"/> Paid in full	<input type="checkbox"/> Recorded on file

### BOOKINGS & ENQUIRIES 1300 363 019

fax: 9420 2395    email: enquiries@brewerswimming.com.au    ABN 15 003 256 826

**P.O. Box 252, Willoughby 2068**

[www.brewerswimming.com.au](http://www.brewerswimming.com.au)