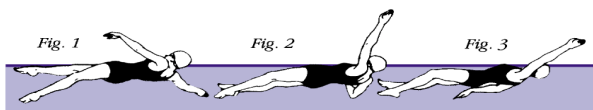


# BREWER SWIMMING



## OCTOBER SCHOOL HOLIDAY BOOKING FORM

<b>Child's Surname:</b>			Address (if new):	
First Name:	DOB:	Level:	Suburb:	PC:
			Phone (H):	(M):
			Email:	
			Parent's name:	
<i>New swimmers call 1300 363 019 to discuss level.</i>			Medical Conditions:	
<input type="checkbox"/> New	How did you hear about us?			

<input type="checkbox"/> <b>Riverside</b>	<b>\$82.50</b>
Monday 27 <sup>th</sup> September – Friday 1 <sup>st</sup> October	Request 1: Request 2:
<input type="checkbox"/> <b>WLC</b>	<b>\$33.00 per week (Pool entry not included)</b>
Week 1: Monday 27 <sup>th</sup> September – Saturday 2 <sup>nd</sup> October	Days/Times:
Week 2: Tuesday 5 <sup>th</sup> October – Saturday 9 <sup>th</sup> October	Days/Times:

### 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)
	Expiry Date: /	Signature:
	Date received:	CC checked: <input type="checkbox"/> Client <input type="checkbox"/> Database

### OFFICE USE ONLY

Class booked:		
Amount: LTS:	Sq:	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

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