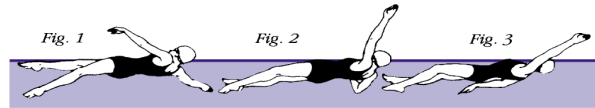


# BREWER SWIMMING



## OCTOBER SCHOOL HOLIDAY BOOKING FORM

<b>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"/> <b>New</b> How did you hear about us?				

<input type="checkbox"/> <b>Riverside</b>	<b>\$87.50</b>
Monday 26 <sup>th</sup> – Friday 30 <sup>th</sup> September	Request 1: Request 2:
<input type="checkbox"/> <b>WLC</b> (squads only)	<b>\$34.00 (Pool entry not included)</b>
<input type="checkbox"/> <i>Week 2: 4 – 8 October (PH 3/10/11)</i>	Days/Times:

### PAYMENT DETAILS

<input type="checkbox"/> <b>Cash</b> Date received:	<input type="checkbox"/> <b>Credit card</b>
<input type="checkbox"/> <b>Cheque</b> Date received:	<input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>Master card</b> Amount:
<input type="checkbox"/> <b>EFT</b> A/c name: Brewer Swimming BSB: 032 298 A/c number: 293358 Reference: Child's surname & initial Date received:	Name on card: Card #: _____ Expiry Date:        / Signature: CC checked: <input type="checkbox"/> Client <input type="checkbox"/> Database

### 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

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