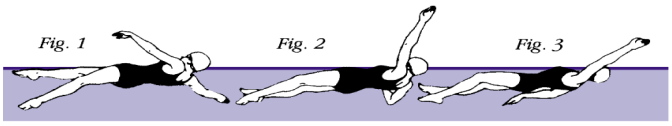
riverside corporate park willoughby leisure centre st ignatius college - riverview

BREWER SWIMMING



TERM 1 2008 BOOKING FORM

Surname_____

Name **DOB** **Level**

_____ _____ _____

_____ _____ _____

_____ _____ _____

New swimmers call 1300 363 019 to discuss level

_ Riverview **_ Riverside CP** **_ WLC**

Address (if new)_____

Suburb_____ PC_____

Phone (H)_____ (M)_____

Email_____

Parents Name_____

Medical Condition_____

Request 1 Day_____ Time_____

Request 2 Day_____ Time_____

PAYMENT DETAILS

Method of Payment

_ Cash Date received_____

_ Cheque

_ EFT Acc. Name: Brewer Swimming

BSB: 032 292

A/C Number: 191051

Reference: Child's Surname & Initial

_ Tax Invoice requested. Sent_____

_ Credit Card **Debited from 7/1/2008**

_ Visa _ Master Card **Amount**:_____

Name on card:_____

Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

3 Digit CCV Number: _____

(the last 3 digits on the signature strip)

Expiry Date: _____/_____

Signature:_____

In the event of illness, make-up lessons may be arranged. These are subject to availability, and must be taken in the current term. Unfortunately, we are not able to offer refunds.

OFFICE USE ONLY

Class Booked_____

_ Correct details checked

_ WLC data base

_ 10% discount for 3 or more children from the same family

_ 10 % discount for 2 classes per week (Riverview and Riverside CP)

Amount_____ **Total Family Amount**_____

Comments_____

Date received_____ _ Paid in full Recorded… _ on file

BOOKINGS & ENQUIRIES 1300 363 019

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

website www.brewerswimming.com.au

P.O. Box 252, Willoughby 2068