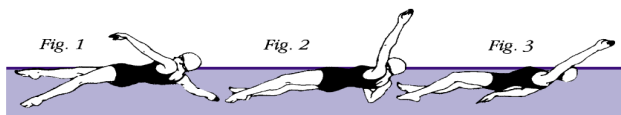


# BREWER SWIMMING



## TERM 2 2010 BOOKING FORM

<b>Child's Surname:</b>			Address (if new):	
First Name:	DOB:	Level:	Suburb:	PC:
			Phone (H):	(M):
			Email:	
			Parent's name:	
			Medical Conditions:	
<i>New swimmers call 1300 363 019 to discuss level.</i>			Request 1: Day	Time
<input type="checkbox"/> Riverview	<input type="checkbox"/> WLC	<input type="checkbox"/> Lane Cove	Request 2: Day	Time
<input type="checkbox"/> Same	<input type="checkbox"/> Change	<input type="checkbox"/> New	How did you hear about us?	

### PAYMENT DETAILS

<input type="checkbox"/> Cash	Date received:	<input type="checkbox"/> Credit card – debited from 29/3/10
<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 #: _____ (last 3 digits on signature strip)
	Reference: Child's surname & initial	Expiry Date:        /
	Date received:	Signature:
<input type="checkbox"/> Tax Invoice requested	Date sent:	CC checked: <input type="checkbox"/> Client <input type="checkbox"/> Database

**NB:** 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:		
<input type="checkbox"/> 10% discount for 3 or more children in family		
<input type="checkbox"/> 10% discount for 2 classes/week (Riverview only)		
<input type="checkbox"/> 10% discount for referral / referred		<i>NB: Maximum 15% discount per family</i>
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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