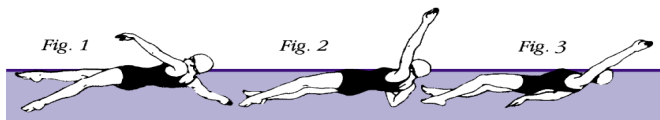


# BREWER SWIMMING



## TERM 3 2009 BOOKING FORM

Child's Surname:			Address (if new):		
First Name:	DOB:	Level:	Suburb:	PC:	
			Phone (H):	(M):	
			Email:		
			Parent's name:		
			Medical Conditions:		
New swimmers call 1300 363 019 to discuss level			Request 1: Day		Time
<input type="checkbox"/> Riverview	<input type="checkbox"/> WLC		Request 2: Day		Time

### PAYMENT DETAILS

<input type="checkbox"/> Cash	Date received:	<input type="checkbox"/> Credit card – debited from 13/7/09		
<input type="checkbox"/> Cheque	Date received:	<input type="checkbox"/> Visa	<input type="checkbox"/> Master card	Amount:
<input type="checkbox"/> EFT	A/c name: Brewer Swimming		Name on card:	
	BSB: 032 292		Card #: _____	
	A/c number: 191051		CCV #: _ _ _	
	Reference: Child's surname & initial		(last 3 digits on signature strip)	
	Date received:	Expiry Date:        /		
<input type="checkbox"/> Tax Invoice requested		Date sent:		
Date received:		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:		
<input type="checkbox"/> 10% discount for 3 or more children from same family		
<input type="checkbox"/> 10% discount for 2 classes per week (Riverview only)		
<input type="checkbox"/> 10% discount for referral	Note: Maximum 15% discount per family	
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](mailto:enquiries@brewerswimming.com.au) ABN 15 003 256 826

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

P.O. Box 252, Willoughby 2068