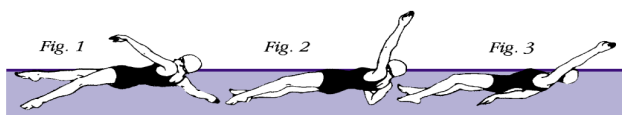


BREWER SWIMMING



TERM 3 2010 BOOKING FORM

Child's Surname:			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	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 5/7/10		
<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 #: ____		
	Reference: Child's surname & initial	(last 3 digits on signature strip)		
	Date received:	Expiry Date: /		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	<i>Maximum 15% discount per family</i>	
<input type="checkbox"/> 10% discount for 2 classes/week (Riverview only)		
<input type="checkbox"/> 10% discount for referral/referred (Swimmers booked into group lessons only)		
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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