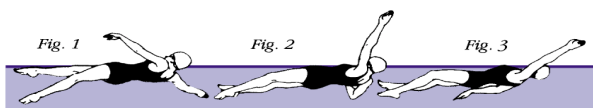


BREWER SWIMMING



TERM 3 2011 BOOKING FORM

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"/> Ret	<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 11/7/11
<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 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
<input type="checkbox"/> Tax Invoice requested	Date sent:	<input type="checkbox"/> Confirm before debit Date confirmed:

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:		
Comments:		
<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"/> Winter Squad Deal: 2 nd session half price – total \$247.50 (Riverview only)		
<input type="checkbox"/> 10% discount for referral (Swimmers booked into group lessons only)		
Amount: LTS:	Sq:	Total Family Amount:
Date received:	<input type="checkbox"/> Paid in full	<input type="checkbox"/> Recorded on file

BOOKINGS & ENQUIRIES 1300 363 019