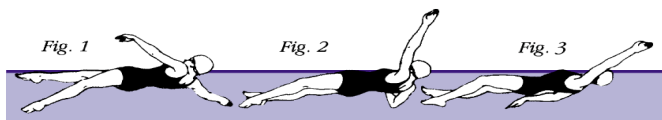


BREWER SWIMMING



TERM 3 2008 BOOKING FORM

Surname _____

Address (if new) _____

Name _____ DOB _____ Level _____

Suburb _____ PC _____

Phone (H) _____ (M) _____

Email _____

New swimmers call 1300 363 019 to discuss level

Parents Name _____

Riverview

WLC

Medical Condition _____

Request 1 Day _____ Time _____

Request 2 Day _____ Time _____

PAYMENT DETAILS

Method of Payment

Cash Date received _____

Credit Card Debited from 7/7/2008

Cheque

Visa Master Card Amount: _____

EFT Acc. Name: Brewer Swimming

Name on card: _____

BSB: 032 292

Card Number: _____

A/C Number: 191051

3 Digit CCV Number: _____

Reference: Child's Surname & Initial

(the last 3 digits on the signature strip)

Tax Invoice requested. Sent _____

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 only)

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