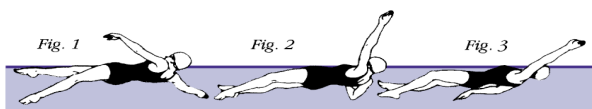


# BREWER SWIMMING



## APRIL SCHOOL HOLIDAY BOOKING FORM

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

<input type="checkbox"/> <b>WLC</b> (squads only)	<b>\$34.00 per week (Pool entry not included)</b>
<input type="checkbox"/> Week 1: 11 – 16 April	Days/Times:
<input type="checkbox"/> Week 2: 19 – 21 April (Good Friday and Easter Saturday)	Days/Times:

### PAYMENT DETAILS

<input type="checkbox"/> Cash	Date received:	<input type="checkbox"/> Credit card
<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: 032 298	Card #: _____
	A/c number: 293358	Expiry Date:     /
	Reference: Child's surname & initial	Signature:
Date received:	CC checked: <input type="checkbox"/> Client <input type="checkbox"/> Database	

### OFFICE USE ONLY

Class booked:		
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

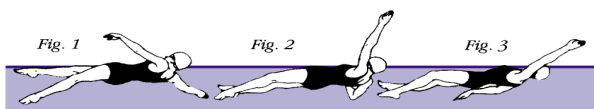
email: [enquiries@brewerswimming.com.au](mailto:enquiries@brewerswimming.com.au)

ABN 15 003 256 826

P.O. Box 252 Willoughby 2068

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

# BREWER SWIMMING



## APRIL SCHOOL HOLIDAY BOOKING FORM

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

<input type="checkbox"/> <b>WLC</b> (squads only)	<b>\$34.00 per week (Pool entry not included)</b>
<input type="checkbox"/> Week 1: 11 – 16 April	Days/Times:
<input type="checkbox"/> Week 2: 19 – 21 April (Good Friday and Easter Saturday)	Days/Times:

### PAYMENT DETAILS

<input type="checkbox"/> Cash	Date received:	<input type="checkbox"/> Credit card
<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: 032 298	Card #: _____
	A/c number: 293358	Expiry Date:     /
	Reference: Child's surname & initial	Signature:
Date received:	CC checked: <input type="checkbox"/> Client <input type="checkbox"/> Database	

### OFFICE USE ONLY

Class booked:		
Amount:	Total Family Amount:	
Comments:		
Date received:	<input type="checkbox"/> Paid in full	<input type="checkbox"/> Recorded on file