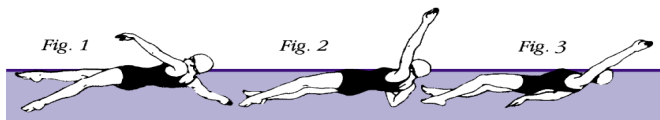


BREWER SWIMMING



APRIL SCHOOL HOLIDAYS BOOKING FORM

Child's Surname:			Address (if new):		
First Name:	DOB:	Level:	Suburb:	PC:	
			Phone (H):	(M):	
			Email:		
			Parent's name:		
New swimmers call 1300 363 019 to discuss level			Medical Conditions:		
<input type="checkbox"/> Riverview Learn To Swim		20 – 24 April from 8:30am		\$77.50	
Request 1: Time			Request 2: Time		
<input type="checkbox"/> WLC Squad	Week 1: 14 – 18 April		Week 2: 20 – 25 April		\$33.00
Request Week/s:			Request Time:		

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: 032 292	Card #: _____
	A/c number: 191051	CCV #: _ _ _ (last 3 digits on signature strip)
	Reference: Child's surname & initial	Expiry Date: /
	Date received:	Signature:

OFFICE USE ONLY

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