

REGISTRATION

Session Name: _____

Session Date: _____ Time: _____

Cost (incl GST): _____ Contact No: _____

Participant Name: _____

Site: _____

Email: _____

PAYMENT DETAILS

Please charge my Master Card/Visa TOTAL (incl GST): \$

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Cardholder's Name: _____ Expiry Date: ____ / ____

Signature of cardholder: _____

***PLEASE NOTE: Credit card payments only - cash or cheques will not be accepted.
No show or cancellations of less than 24 hours notice will incur full charge.***

**Please return this form with payment to the above address or email
julie.cakebread68@schools.sa.edu.au**