



Learn 2 Swim - Booking Form

Date \_\_\_\_\_ Time \_\_\_\_\_

Parent/ Carer Details

	Parent/ Carer 1	Parent/ Carer 2
Title	Mr Mrs Ms Dr	Mr Mrs Ms Dr
First Name		
Surname		
Number & Street Name		
Suburb & Postcode		
Home Number		
Mobile Number		
Email:		
Relationship to Swimmer	Parent/Grandparent/Guardian	Parent/Grandparent/Guardian

Swimmers Details

	Swimmer 1	Swimmer 2	Swimmer 3	Swimmer 4
Surname				
First Name				
Male / Female				
Date of Birth				
Swim Level				
PREFERRED CLASS TIMES				
Day				
Time	AM / PM	AM / PM	AM / PM	AM / PM
Start Date				

Please indicate your preferred method of payment below.

<b>Direct Debit</b>	<b>Credit Card</b>	<b>Internet Transfer</b>	<b>Cheque</b> Made Payable to
Form Attached	Complete Details Below	See Details Below	Oz Swim Aquatics

Visa / Mastercard (Circle One)

Credit Card Number \_\_\_\_\_ Expiry \_\_\_\_\_  
 Name \_\_\_\_\_ Amount Payable \$ \_\_\_\_\_ CCN No. \_\_\_\_\_

When paying by Internet Transfer:

Please use 1<sup>st</sup> initial & surname of youngest child as identification to avoid \$25 administration search fees.

Account Name : Oz Swim Aquatics      BSB : 114 879      Account Number : 473 423 767

How did you hear about us:    PHONE      WEB      EMAIL      FLYER      FRIEND      OTHER

**43 - 77 OLD PUB LANE GREENBANK, QLD 4124**