

**SHARE****LEARN FOR LIFE**

# ENROLMENT FORM

SHARE SMR INC. PO Box 2006 PEAKHURST NSW 2210

Tel: (02) 9533 44 22 Fax: (02) 9584 8603 Email: Info@share.org.au

**1. ADDRESS AND EMERGENCY CONTACT DETAILS:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

MOBILE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

REALTIONSHIP: \_\_\_\_\_

MOBILE: \_\_\_\_\_

**2. CLASS DETAILS:**Are you enrolling for the full term? Yes  No 

If No, Number of weeks \_\_\_\_\_

Holiday or Planned Absences dates: \_\_\_\_\_

CLASS CODE	AMOUNT \$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total cost of classes</b>	\$

Less: Discount of 10% for two or more full priced classes (Discount does not apply if deducting holidays)

Less: Holiday (maximum 2 sessions per class on full priced classes)

Add or minus: Other credit or debits (please provide reason)

**TOTAL PAYABLE \$****3. PAYMENT: (A) CREDIT CARD, (B) DIRECT DEPOSIT, (C) CHEQUE/MONEY ORDER OR (D) CASH****A. Credit Card Payment:** Visa or MasterCard

Expiry Date:

Card Number:

**B: Direct Deposit or Direct Transfer:** Can be made at any St.George Banch to the following account

Account Name: SHARE SMR INC

BSB: 112 - 879

Account Number: 055467062

Note: Reference number is your surname:

Date of Transfer:

**C: Cheque/Money Order:** Made Payable to SHARE SMR INC**D: Cash** Payment must be paid at

Please mail to PO Box 2006 Peakhurst NSW 2210

the SHARE office only

**Acknowledgement of Enrolment Policy**

I have read and agree to the Enrolment Policy of Participation in SHARE Exercise classes as outlined on the reverse side of this enrolment form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**COMPLETED FORMS:** Please mail to SHARE PO Box 2006 Peakhurst NSW 2210, Fax to 02 95848603, Email to info@share.org.au or in person at the SHARE Office