

FRIENDS of GEELONG BOTANIC GARDENS INC.

ABN: 21 699 253 561 INC NO. A13509G



GEELONG SCHOOL of BOTANICAL ART

APPLICATION for CLASS ENROLMENT

Student Name

Mobile Phone Email

DAY OF CLASSES:	CLASS DESCRIPTION:	PLEASE TICK:	INDICATE TERM:
Tuesday A Fortnightly	Drawing I and II With Amanda Ahmed		
Tuesday B Fortnightly	Watercolour I With Deb Chirnside		
Friday morning	Beginners to Intermediates With Dolores Sk-Malloni		
Friday afternoon	Beginners to Intermediates With Dolores Sk-Malloni		
Saturday A	Advanced to Semi-Professional With John Pastoriza-Piñol		

I understand that this Enrolment Form must be received at the Office of the Friends of Geelong Gardens at least two weeks before the start of the relevant Victorian school term.

Payment for the Term will be:

Full payment before the first scheduled class for the term **OR**

Instalments: \$200 before the first scheduled class for the term and balance by

\$200 paid ... Balance \$ Paid..... **OR**

Apply for **Part Time** enrolment for term. Payment within one week of approval being granted \$252 (\$282 non-members), refer to Part Time enrolment policy.

Signature Date

OPTIONAL: include payment for this enrolment:

Amount \$..... Cheque Cash Credit Card: Visa / MasterCard

Name on card Expiry Date / CVC

Signature Card Number.....

FOR OFFICE USE ONLY: Student advised of Approval for Part-Time.....
Enrolment Received Date: Fees Received \$..... Date..... D/B.....