

FRIENDS *of* GEELONG BOTANIC GARDENS INC.

ABN: 21 699 253 561 INC NO. A13509G



GEELONG SCHOOL OF BOTANICAL ART

Application for Enrolment - 2017

Student Name

Mobile Phone Email

Contact details in case of emergency:

Contact Name Mobile Phone

DAY OF CLASSES:	CLASS DESCRIPTION:	Term 1	Term 2	Term 3	Term 4
Tuesday A Fortnightly	Drawing I and II				
Tuesday B Fortnightly	Watercolour I				
Friday morning	Beginners to Intermediates				
Friday afternoon	Beginners to Intermediates				
Saturday A	Advanced to Semi-Professional				
Sunday B	Advanced Beginners				
Saturday C	Intermediate to Advanced				
Sunday D	Beginners				

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 and that full payment is due before the first scheduled class for that term.

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Signature

.....
Date

OPTIONAL: include payment for this enrolment:

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

Name on card Expiry Date / CVC

Signature Card Number.....

<p>FOR OFFICE USE ONLY: Enrolment Received Date: Fees Received \$..... Date..... D/B.....</p>
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