



Enrolment Form
Exercises for over 50's
2010

Name:

Address:

.....Postcode:

Telephone: (H)

Mobile:

Email:

Course: - Exercise for over 50's

Time:

Duration: 1 hour

Cost: \$

Location:

Payment - (2% extra charge with cards)

MasterCard - Visa card

Card Number:

Expiry Date: ____ / ____

Amount:

Name of Cardholder:

Signature:

Cheque payable to -

Tracey Kennelly
PO Box 337
Brookvale 2100