

YMCA Stafford 2018

RESPONSIBLE PERSON (PARENT OR GUARDIAN)

SURNAME: _____ GIVEN NAME: _____

PHONE: _____ EMAIL: _____

CHILD 1:

SURNAME: _____ GIVEN NAME: _____ D.O.B: _____ GENDER: M/F

PRESENT CLASS TERM 1 2018: _____

NEW CLASS FOR TERM 2 2018

Preference 1: Class Type: _____ Day: _____ TIME: _____

Preference 2: Class Type: _____ Day: _____ TIME: _____

CHILD 2:

SURNAME: _____ GIVEN NAME: _____ D.O.B: _____ GENDER: M/F

PRESENT CLASS TERM 1 2018: _____

NEW CLASS FOR TERM 2 2018

Preference 1: Class Type: _____ Day: _____ TIME: _____

Preference 2: Class Type: _____ Day: _____ TIME: _____

CHILD 3:

SURNAME: _____ GIVEN NAME: _____ D.O.B: _____ GENDER: M/F

PRESENT CLASS TERM 1 2018: _____

NEW CLASS FOR TERM 2 2018

Preference 1: Class Type: _____ Day: _____ TIME: _____

Preference 2: Class Type: _____ Day: _____ TIME: _____

Please be advised we will do our best to accommodate your request however due to class numbers this may not be possible.

We will contact you if there is any problem otherwise accept you have your first choice.

Membership Agreement

I understand that by enrolling my child, a reservation has been made and I agree to abide by the YMCA's fee payment and refund policies.

Credit Card Details (Please note we do not accept Amex or Diners)

Card number: _____

Expiry Date: __/__/__ AMT: \$ _____

Name on Card: _____

Date: _____ Signed: _____

IMPORTANT: If only a deposit is being paid at time of booking, to help our staff please indicate the date when the final payment can be taken out:

Date for Final payment Amount \$.....