

YMCA STAFFORD New

RESPONSIBLE PERSON (PARENT OR GUARDIAN)

SURNAME: _____ GIVEN NAME: _____

ADDRESS: _____ SUBURB: _____ P/C: _____

PHONE: _____ EMAIL: _____

CHILD 1:

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

CLASS FOR 2018

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

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

CHILD 2:

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

CLASS FOR 2018

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

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

CHILD 3:

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

CLASS FOR 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 this is the case.

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: _____