



Christ Church PRIORITY

Website: www.kirbyswim.com.au
Email: swim@kirbyswim.com.au
Address: PO Box: 193, Claremont 6910
Phone: 9442 1617 Fax: 9442 1683

Term TWO, 19TH APRIL – 3RD JULY 2010

Enrolment Information

Surname: _____

Swimmer 1: _____ Level: _____ Age: _____

Swimmer 2: _____ Level: _____ Age: _____

Swimmer 3: _____ Level: _____ Age: _____

Address: _____

Street Address

Suburb

Post Code

Mobile Phone: _____ Home Phone: () _____

E-mail Address: _____

Learn to Swim & Mini Marlins

Current lesson day/time (Term 1, 2010) _____

Preference 1 (Term 2, 2010): **Day:** _____ **Time:** _____

Preference 2 (Term 2, 2010): **Day:** _____ **Time:** _____

Marlins & Red Marlins

(select 2 days to attend) **Day 1:** _____ **Day 2:** _____

Medical conditions: _____

Parent / Guardian Signature _____ Parent name _____

KirbySwim will send all information and communication via mail outs, emails and sms. Please tick box if you wish to **opt out** of receiving any communication from us

PAYMENT DETAILS – Prices are found on the Kirby Swim CCGS Timetable

FULL PAYMENT IS REQUIRED WITH YOUR REGISTRATION TO SECURE YOUR PLACE IN OUR PROGRAM. A 5% DISCOUNT APPLIES TO ALL CHRIST CHURCH GRAMMAR SCHOOL FAMILIES

CCGS Discount **YES** _____ **NO** _____

Credit Card #: _____ / _____ / _____

Expiry: _____ Amount: \$ _____

Signature _____

Office Use Only

BOOKED _____

INVOICED _____

PAYMENT PROC _____

CONFIRMATION EMAILED