

COURSE *enrolment form*

1. Participants Details: [Please write clearly in block letters]

Name:			
Address:			
Suburb:		Postcode:	
Telephone:			
Email:			
Emergency Contact:			
Telephone:			
Medical Conditions:			

2. RELax Program Details:

RElax Program Title	Code:	Day and Time:	Cost:
1.			
2.			
3.			

I have read and accept the Terms and Conditions found on bassendean.wa.gov.au or at **35 Old Perth Rd, Bassendean.**

Signature:	Total Cost:
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3. Payment Details:

[In Person] pay by cash, cheque or credit card on Monday to Friday between 8.45am and 4.45pm at: **Town of Bassendean, 35 Old Perth Road, Bassendean.**

[Mail] send cheque or money order made payable to "Town of Bassendean" to: **Town of Bassendean PO Box 87 Bassendean WA 6934.**

Credit Card Details:

Cardholders Name:															
Please Indicate:	Mastercard:					Visa:									
Card Number:															
Expiry Date:						CSV:									
Amount:						Signature:									

