

Registration Form

Date Received: _____



CLINIC 4 - June 12th & 19th, July 17th & 21st
CLINIC 5 - August 14th, 21st & 28th, September 4th
CLINIC 6 - October 9th, 16th, 23rd & 30th



Name: _____
Surname: _____
Date of Birth: _____
Address: _____
Phone Number: _____ **Mobile Number:** _____ **Emergency:** _____
Mothers Name: _____ **Fathers Name:** _____

Should we be aware of any medical conditions:

Cost: No Cost to Members - \$30.00 Per Participant (Non-Members)

Email: _____

Card Number: _____ **Expiry Date:** _____

Name on Card: _____



Closing Dates:
CLINIC 4 - 1st June
CLINIC 5 - 4th August
CLINIC 6 - 31st September

