

PAYMENT FORM

ENROLMENT LINE: 8332 9603

MAIL TO:

*James Partington Tennis Clinics
70 East Terrace
Kensington Gardens SA 5068*

FAX TO:

*James Partington Tennis Clinics
8332 2167*



Name(s) of Player(s): _____

Address: _____
_____ Post Code: _____

Email: _____

Age(s): (For Children Only) _____ Phone: (H) _____

Phone: (M) _____

Parent's Christian Names: (For Children Only) _____

I agree to hold harmless, James Partington Tennis Clinics and/or James Partington, against any liability relating to damage to property or injury to any person.

Signature: _____ Date: _____ Print Name: _____

Amount Payable \$ _____

Phone & Charge – Phone 8332 9603 to enrol by credit card

Cheque – Complete this payment & enrolment form and mail with cheque made payable to James Partington Tennis Clinics

Credit Card – Fill in below and forward by mail or fax

VISA

Mastercard

Card Number

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Expiry Date: _____ / _____ Amount: \$ _____

Name on Card: _____

FAMILY DISCOUNT

For two or more enrolments, deduct 5% off total. Not available with any other discount offer.

*** All prices are GST Inclusive**
ABN 55 798 382 761

Amount Payable \$ _____

Less Family Discount \$ _____

Total Payable \$ _____

f