

**ADULTS KIDZ ARTWORX ENROLMENT FORM FOR TERM CLASS or WORKSHOP 2017** *(Can be filled in online or printed & filled in)*

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

**TERM CLASS OR WORKSHOP DETAILS** *(\*Please circle the correct time)*

| CLASS CODE | DATE | *TIME | STUDENTS NAME | CLASS FEE |
|------------|------|-------|---------------|-----------|
|            |      | am/pm |               |           |
|            |      | am/pm |               |           |
|            |      | am/pm |               |           |
|            |      | am/pm |               |           |
|            |      | am/pm |               |           |

**PAYMENT DETAILS** *Use this form or phone through your payment. Please pay EFTPOS 5 days prior to course.*  
(Please Tick Your Method of Payment)

- |                                  |   |
|----------------------------------|---|
| <input type="radio"/> VISA       | <input type="radio"/> ONLINE DEPOSIT: Kidz Artworx, BSB: 082 356, ACC: 782 764 186 (please include surname & Class Code in banking reference) |
| <input type="radio"/> MASTERCARD | <input type="radio"/> CHEQUE (Payable to Kidz ArtworX)  |
| <input type="radio"/> PayPal     |   |

**CREDIT CARD DETAILS:**

CREDIT CARD NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ CREDIT CARD EXPIRY DATE \_\_/\_\_/\_\_\_\_

ACCOUNT HOLDERS NAME \_\_\_\_\_ CCV \_\_\_\_\_

SIGNATURE \_\_\_\_\_

☐ I have read & agree with the Conditions of Enrolment at Kidz Artworx.

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Date Entered \_\_\_\_\_

Payment Date \_\_\_\_\_ Date Confirmation Sent \_\_\_\_\_

