

HALE SWIM SCHOOL

A Skill for Life.

Dec / Jan Holiday Splash Enrolment Information

Surname: _____ Parent/Guardian Name: _____

Address: _____ Postcode: _____

Mobile No: _____ Email _____

Emergency Contact: _____ Phone: _____

Swimmer 1

Name: _____ DOB: _____ Level: _____

Swimmer 2

Name: _____ DOB: _____ Level: _____

Swimmer 3

Name: _____ DOB: _____ Level: _____

<u>Holiday Splash</u>	<u>Programme Request</u>	<u>Time Preference</u>
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Holiday Splash 1	7 th – 11 th December (5 days)	
Holiday Splash 2	14 th – 18 th December (5 days)	
Holiday Splash 3	4 th – 15 th January (10 days)	
Holiday Splash 4	18 th – 22 th January (5 days)	

Terms and Conditions

I have read and accept the Hale Swim School Terms and Conditions and the Swim Safe Medical Information.

Signed _____ Date _____

Payment Details

Hale School discount. YES__ NO__ (a 5% discount is available for current Hale School students and their families)

Payment Method: Hale Swim School, BSB: 086 492, ACC No. 560948107, NAB, Ref: Parent Enrolment ID

Visa __ MC __ EXPIRY _____ AMOUNT \$ _____

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