



APRIL 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>	
APR HSP WEEK 1	7 th April – 10 th April (4 Days) AM		
APR HSP WEEK 2	13 th – 17 th April (5 Days) AM		

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. 560 948 107 - NAB, Ref: Parent Enrolment ID

Visa __ MC __ EXPIRY _____ AMOUNT \$ _____

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