

Adult New Enrolment

PLEASE PRINT & COMPLETE THIS FORM AND RETURN IT TO RECEPTION. YOU WILL RECEIVE A CALL OR EMAIL WITH CONFIRMATION OF LESSONS ONCE ALL HAS BEEN MUTUALLY AGREED.

SURNAME

MR / MISS / MRS / DR

FIRST NAME & DATE OF BIRTH

ADDRESS

POST CODE

E-MAIL

TELEPHONE DAY

EVENING

MOBILE

ANY MEDICAL CONDITIONS
(RELEVANT FOR THE TEACHERS'
KNOWLEDGE)

BRIEF DESCRIPTION
OF ABILITY

PREFERRED DAY & TIME

PAYMENT METHOD
(SEE REVERSE FOR DETAILS)

DIRECT DEBIT

(ADDITIONAL MEMBERSHIP
FORMS AND START UP FEES
REQUIRED)

ADV. PAYMENT

(ADDITIONAL MEMBERSHIP
FORMS AND ANNUAL FEES
REQUIRED)

PRE-COURSE PAYMENT

(PAYMENT REQUIRED BEFORE COMMENCEMENT
OF COURSE. A QUOTE WILL BE PROVIDED
DEPENDANT ON COURSE LENGTH)

SIGNATURE

DATE