

Surname _____ First name _____

Address _____

Phone _____ Mobile _____ Email _____

Please mark the relevant box

| CLASS CODE | COURSE SUBJECT EIGHT WEEKS IN ITALY | COURSE DURATION | DAY & TIME | COURSE COST GST Inclusive |
|------------------------------------|---|--------------------|---|----------------------------------|
| ITA - BA1 <input type="checkbox"/> | BA1 Absolute beginners GROUP CLASSES | 8 WEEKS | <input type="checkbox"/> Tuesday 7pm-8.30pm | Adults \$215* Children \$165* |
| ITA - BA2 <input type="checkbox"/> | BA2 Post beginners | | <input type="checkbox"/> TBA 7pm-8.30pm | |

*Group Course cost is per person. Courses and dates are subject to confirmation. Please do not pay the course fee prior to receiving confirmation that the course will go ahead.

METHOD OF PAYMENT Please mark your preferences in the appropriate box

CASH DIRECT CREDIT

Direct credit account details: Westpac NZ 03 1707 0121 732 000 (please use your surname as the reference code)

NOTE: Payment in full is required upon confirmation of the course and is **NOT REFUNDABLE**

SIGNATURE _____

PLEASE TELL US HOW YOU
HEARD ABOUT THIS COURSE
