



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: \_\_\_\_\_

**Holiday Splash                      Programme Request                      Time Preference**

<b>Holiday Splash 1</b>	<b>9<sup>th</sup> – 13<sup>th</sup> December (5 days) PM</b>		
<b>Holiday Splash 2</b>	<b>16<sup>th</sup> – 20<sup>th</sup> December (5 days) AM</b>		
<b>Holiday Splash 3</b>	<b>6<sup>th</sup> – 10<sup>th</sup> January (5 days) AM</b>		
<b>Holiday Splash 4</b>	<b>13<sup>th</sup> – 17<sup>th</sup> January (5 days) AM</b>		
<b>Holiday Splash 5</b>	<b>20<sup>th</sup> – 24<sup>th</sup> January (5 days) AM</b>		

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 \_\_\_\_\_ CVV \_\_\_\_\_      AMOUNT \$ \_\_\_\_\_

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