



ABN: 47 109 664 569

## **AGDA Holiday Programs Registrations for 2010**

### **Registering Participants Personal Information**

Surname:- \_\_\_\_\_ Given Name:- \_\_\_\_\_  
 Address:- \_\_\_\_\_  
 Suburb:- \_\_\_\_\_ P'code:- \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Telephone:- \_\_\_\_\_ (Home) Date of Birth:- \_\_\_/\_\_\_/\_\_\_ AGE Turning:- \_\_\_\_\_  
 Gender :- Male / Female School/Child Care/Work Member Attends:- \_\_\_\_\_  
 Parents Name: \_\_\_\_\_ Parents Mobile: \_\_\_\_\_  
 Date of Registration: \_\_\_\_\_ Previous or New Member (Please circle)

### **Program Details**

**Program Type:** (please circle)  
**Name of Program:** \_\_\_\_\_  
  
**Program Day/s:** \_\_\_\_\_ **Class Time:** \_\_\_\_\_

I agree to abide by all AGDA policies and procedures (found in members hand book and on the website. I understand that participation in gymsport & dance activities carries with it a reasonable assumption of risk.

**Parent Signature:-** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Payment Details**

**Please Tick Box:**

**Total cost for this participant is:** \_\_\_\_\_

**Payment Options:**

- Cheque made payable to AGDA either place in Reception box or mail to PO BOX 471 Morayfield Q4506.
- Cash Payment
- Cash/ Chq Receipt No: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- Electronic transfer to AGDA. BSB: 014524 Acct: 497524706 on transfer please put your child's name payment reason and fax or deliver this form to our office.
- Credit Card Please debit \$ \_\_\_\_\_ + 2% s.c. from my credit card. 2% service charge on all credit card payments.
- Type of card:  Visa  Mastercard  Bankcard Cardholders Name: \_\_\_\_\_
- Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_
- Cardholders Signature: \_\_\_\_\_

Date of Payments: \_\_\_\_\_