



AGDA Sports Camp 11th to 15th January 2010

Registering Participants Personal Information

Surname:- _____ Given Name:- _____

Program Details

Parent Name: _____

Mobile Number: _____

I understand that once the deposit has been paid if I decide to withdraw my child there is no refund.
I also understand that Gymsports carries with it the assumption of risk.

SIGNED:- _____

Payment Details

Deposit Due: 2nd November 2009 (no late registrations accepted)

Total amount due by the 21st December 2009 or On Payment plan over eight weeks
(please circle)

Cost: Deposit:- \$75.00 Total cost of camp:- \$350.00/child.

Payment Options: Eftpos

Cash Date:- _____

Cheque made payable to AGDA either place in Reception box or mail to PO BOX 471 Morayfield Q4506.
OR

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 \$ _____ from my credit card (plus the 2% sc.)

Type of card: Visa Mastercard Bankcard

Cardholders Name: _____

Card Number: _____

ExpDate: _____

Cardholders Signature: _____