

Enrolment Form



UQ RUGBY ACADEMY HOLIDAY PROGRAM

PROGRAM NAME / LEVEL:

DATE & START TIME:

PARENT INFORMATION

First name: _____ Surname: _____
Address: _____ Postcode: _____
Tel (h): _____ Tel (w): _____
Mobile: _____ Email: _____

CHILD INFORMATION

First name: _____ Surname: _____
DOB: / / Gender: _____
School: _____
Medical conditions / allergies: _____
Can your child have 30+ sunscreen applied to them? Y N Can a band-aid be applied to your child's skin? Y N

PAYMENT DETAILS (payment not required for a Swim School Assessment Booking Request)

- Full payment is required to make a booking
- EFT: Account Name: University of Queensland Rugby Football Club Inc., BSB: 124 003, A/C 10429 844
- Cheques made payable to University of Queensland Rugby Football Club Inc
Mail to: PO BOX 6212 St Lucia QLD 4067

Please tick: Mastercard Visa Bankcard

Name of card holder: _____

Card no:

Verification Code (last 3 digits on back of card): Expiry date: /

TOTAL: \$ _____ Signature: _____

I authorise you to debit my account with TOTAL balance as stated above

I am claiming Childcare Benefit* % discount claiming:

Parent CRN: _____ Parent DOB: / / Child CRN: _____

By lodging this enrolment form I state that I have read and understood the terms and conditions outlined on activetribes.com.au

OFFICE USE: Receipt No: _____ Amount Paid: _____ Date: / / Staff Member: _____
Email confirmation YES Date: / /

07 3365 6612 www.activetribes.com.au info@activetribes.com.au

Building 25, The University of Queensland, Union Rd, St. Lucia QLD 4067

Enrolment Form

