

program information

PLEASE PRINT CLEARLY

Name: _____ Surname: _____

Age: _____ Male Female

Email: _____

Phone: _____

Address: _____

Suburb: _____ Postcode: _____

Do you have additional needs?
Yes No

If yes, please describe: _____

Do you require use of the crèche if available for this program?
If yes please complete crèche enrolment form
and pay crèche fees with registration.
Yes No

Do you want to receive information about programs and
events at the John Wellard Community Centre?
Yes No

Would you like your Community Centre program delivered via:
Post Email

Program fees must be paid in full at the Darius Wells Library and Resource Centre
at least 24 hours before the start of the program.

Program Title:	Date/s:	Time:	Cost:
1.			\$
2.			\$
3.			\$
			Total \$

Please note that school aged children will not be accepted into programs
running during school hours.