

REGISTRATION FORM

First Name	<input style="width: 90%;" type="text"/>
Last Name	<input style="width: 90%;" type="text"/>
Date of Birth	<input style="width: 90%;" type="text"/>
Address	<input style="width: 90%;" type="text"/>
Suburb/Town/City	<input style="width: 90%;" type="text"/>
State/Province	<input style="width: 90%;" type="text"/>
Postcode	<input style="width: 90%;" type="text"/>
Country	<input style="width: 90%;" type="text"/>
Home Number	<input style="width: 90%;" type="text"/>
Mobile	<input style="width: 90%;" type="text"/>
Email Address	<input style="width: 90%;" type="text"/>

PAYMENT

Activity	5 Days	Daily	Day	Tennis (tick)
Tennis	\$180	\$45	Monday	
			Tuesday	
			Wednesday	
			Thursday	
			Friday	

TOTAL

PAYMENT METHOD: Please Circle: Cheque Enclosed/ Credit Card/ Cash

Card Type Visa/MC/Bankcard _ _ _ / _ _ _ / _ _ _ / _ _ _
 Expiry Date _ _ / _ _ CCV _ _ _

OFFICE

Received:
 Date:

Payment type: CASH/CREDIT CARD/CHQ