



LEARN TO BOWL

REGISTRATION FORM

STUDENTS NAME: _____

DATE OF BIRTH: _____ AGE: _____

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DATE OF BIRTH: _____ AGE: _____

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DATE OF BIRTH: _____ AGE: _____

PARENT/GAURDIAN NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

PAYMENT: CASH: ___ VISA: ___ MASTERCARD: ___ CHEQUE: ___

CARD NUMBER: _____

EXPIRY DATE: _____

FEEES: 5 TO 7 YEAR OLDS = \$40
8 TO 11 YEAR OLDS = \$80
12 TO 16 YEAR OLDS = \$80

(10% DISCOUNT APPLIES TO EACH
SUBSEQUENT CHILD REGISTERED
OF EQUAL OR LESSER VALUE)

I hereby give my consent for the usage of still photography images of my child/ren as listed above to be used in promotional materials including but not limited to affiliated websites, news articles, posters and flyers. YES: ___ NO: ___

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