



FINDING CONFIDENCE GROWING CHARACTER  
*Skills for Life*

**SECTION 1: MEMBER INFORMATION**

Child's Surname:	First Name:	
Street Address:	Suburb:	Postcode:
Home Phone:	Mobile Phone:	
Parent/Guardian responsible for the account:		

**SECTION 2: Payment Plan Options**

Please select which option you wish to request by initialling the appropriate box	Initial
<b>Option # 1:</b> 2 Equal Payments: 50% before the start of Term & 50% before week 6 of term	
<b>Option #2:</b> 3 Payments: 35% before the start of term, 35% before week 4 & 30% before week 7	
<b>Option #3:</b> Fortnightly payments with the first payment made before the start of term	
Parent / Guardian Signature: _____ Date: ____ / ____ / ____	

**OFFICE USE ONLY**

**SECTION 4: AUTHORISATION**

<b>PROGRAM:</b> PLAYSKILLS / MOVESKILLS / GYMSKILLS / TEAMSILLS  <b>APPROVED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>SIGNED:</b> _____  <b>DATE:</b> ____ / ____ / ____	<b>Option selected</b>	#1	#2	#3															
	<table border="1"> <thead> <tr> <th>Due Date</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Due Date	Amount																
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10 Mitford Pde, West Footscray, 3012 **9315 4010**

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**F**INDING **C**ONFIDENCE **G**ROWING **C**HARACTER

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