EASTCOAST SURF SCHOOL

ABN 28 569 784 850

PRUE LATCHFORD (Proprietor)
PO Box 380 Red Hill South Vic 3937
Telephone: 0417 526 465

E-Mail: info@eastcoastsurfschool.net.au

BOOKING CONFIRMATION FORM

NAME OF ORG	GANISATION:			
CONTACT PERSON:			TELEPHONE:	
DATE OF BOOKING:	STARTING TIME OF LESSON(S):	NUMBER ATTENDING:	COST PER STUDENT (GST INCLUSIVE):	GROSS COST:
			MS COMPLY WITH MY B	
commencement of I also understand the regardless the num one month prior to	f that lesson. the payment for the booking date.	ooking will be for t he day. A final nur	the number of participants must	ts booked, t be confirmed
I understand that a month's notice is g		alf the booked am	ount will be issued if less	than one
Surf School and nee	ed to be brought on the state of the state o	he day of the lesson he signature of a co	participants prior to surfir on. In cases where the pa consenting parent or guar	rticipants are rdian.
All participants mus water and floating		d be able to demo	onstrate lifesaving skills s	such as treading
Signed:				
Date:				
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PLEASE PHONE (0417 526 465) AFTER 8.30am ON THE DAY OF YOUR BOOKING TO CONFIRM THE MEETING PLACE AND VENUE