

Capital E School Holiday Workshop Enrolment Form



Please note: Before filling in this form, read and sign the terms and conditions overleaf.

Payment must be received at the time of booking to secure a place.

Contact details

Guardian's Name:	
Contact email:	
Mailing address:	
	Postcode:
Tel no:	Work no:
Mobile no (for day of visit):	

Post enrolment form and payment to:
Capital E, PO Box 3386, Wellington, 6140
or fax this form with your credit card
details to: (04) 9133 735

If you have any questions please do not
hesitate to contact our Box Office on:
(04) 913 3740 or capitale.foh@wmt.org.nz

More information at www.capitale.org.nz

Booking details

1st Child's Name:	Date of Birth:
Workshop Title:	
Perferred date/time:	2nd date/time choice:
Is there anything we need to know about your child such as medical conditions:	
2nd Child's Name:	Date of Birth:
Course Title:	
Perferred date/time:	2nd date/time choice:
Is there anything we need to know about your child such as medical conditions:	
3rd Child's Name:	Date of Birth:
Course Title:	
Perferred date/time:	2nd date/time choice:
Is there anything we need to know about your child such as medical conditions:	

Payment details

Cash/Eftpos - come to Capital E with your enrolment form to pay by cash or eftpos.

Cheque - Please make cheques out to Capital E

Credit card - Card Type: _____ Exp date: _____

Card Number:

Amount Enclosed: \$ _____

Photography / Video Permission

Capital E has an extensive image library of young people enjoying workshops and events. Due to the nature of this workshop your child may be photographed or videoed and said images/recordings may be uploaded to the internet. These images/recordings will be kept for archival purposes and may be used in publicity and marketing campaigns by Capital E. Please sign below to release consent to Capital E for use of any photographs/videos of your child. Your child will not be named if the photograph/video is used for the purposes outlined above, and the images and video will remain the property of Capital E. Video credits will use first names only.

I give consent to Capital E to video/photograph my child, as per the conditions above. Signed: _____

How did you first hear about our Workshops?

- | | |
|---|--|
| <input type="checkbox"/> Capital E Newsletter (print) | <input type="checkbox"/> Dominion Post |
| <input type="checkbox"/> Capital E E-newsletter (email) | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Capital E Website | <input type="checkbox"/> Other: _____ |

Would you like to join our mailing list?

- | | | | |
|---|--------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Yes, please | <input type="checkbox"/> Email | <input type="checkbox"/> Post | <input type="checkbox"/> Both |
| <input type="checkbox"/> No, thanks. | | | |
| <input type="checkbox"/> I am already on your mailing list! | | | |

Terms and Conditions

- Our workshops are very popular so to make it fair for everyone we cannot accept an enrolment without payment.
- Cancellations made up to three days before the start date of the workshop are entitled to a full refund, less a 15% administration fee.
- Cancellations within three days of the start date of the workshop are not entitled to any refund.
- If your child is sick, upon receipt of a doctor's certificate, you are entitled to a full refund, less a 15% administration fee.
- Refund can take up to 14 days to process and will be sent out to you by cheque.
- On the day of the workshop please phone us by 9.00am if your child cannot attend the workshop for any reason.
- We reserve the right to remove any child from the course if they are unruly and stop the rest of the class from learning and enjoying themselves.

I have read and I accept the terms and conditions of enrolment.

Signed: _____

Office use only.

Received: / /

Patron

Conf sent: / /

Cash

E Trans

Cheq