

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: | |
| Preferred 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: |
| Workshop Title: | |
| Preferred 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: |
| Workshop Title: | |
| Preferred 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: \$ _____

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 3 days before the workshop are entitled to a full refund, less a 15% administration fee.
- Cancellations within 3 days 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: _____

Photography Permission

Capital E has an extensive image library of young people enjoying workshops and events. We are always looking for more, and invite a photographer each school holidays to document the programme. These images are used in publicity and marketing purposes - and to do this we need your permission.

Please sign below to release consent to Capital E for use of any photographs of your child. Your child will not be named if the photograph is used for publication, and the photographs remain the property of Capital E.

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

How did you first hear about the Capital E 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"/> No, thanks. | | |
| <input type="checkbox"/> I am already on your mailing list! | | |

Office Use Only. Date Enrolment Received :

Date Confirmation Sent: