



ABN: 29 607 165 819
 35W Parkside Drive
 Charmhaven NSW 2259
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 www.charmhaventennis.com.au

STUDENT ENROLMENT FORM

Student Name: _____ D.O.B. _____

Address: _____

Phone: (Home) _____ Phone: (Mobile) _____

Phone: (Work) _____ Email: _____

Program/s Enrolled in (Please Tick)

Private Lesson Time: _____ Day: _____
 Time: _____ Day: _____

Group Lesson Time: _____ Day: _____
 Time: _____ Day: _____

1. By signing the below, I acknowledge that group lessons are \$110.00 per term.
2. By signing below, I acknowledge that private lessons are \$45.00 per hour and \$30.00 per half hour.
3. By signing below, I acknowledge that I have read and agree to the Charmhaven Tennis Centre Terms and Conditions and agree to them as outlined.
4. By signing below, I agree to pay all monies due by the date reflected on the invoice for the programs I or my child who is under the age of 18 have enrolled in.

Student Signature / Parent Guardians Signature _____

Students Full Name: _____ Date: _____