



Australian Centre Of Performing Arts

14 Raglan Street, North Melbourne, Vic 3051 Ph/Fax: (03) 9326 3006 Email: admin@acopa.com.au www.acopa.com.au

ABN: 36 095 421 713

Enrolment Form

Student Details

DATE: _____

STUDENT NAME: _____

DOB: _____

ADDRESS: _____

TELEPHONE: Hm - _____ Wk - _____ Mb - _____

EMAIL: _____

OCCUPATION: _____

COURSE TITLE: _____

TERM: (Circle) 1 2 3 4 COURSE COMMENCEMENT DATE: _____

UNDER 18'S

AGE: _____ SCHOOL: _____

PARENT / GUARDIAN'S NAME: _____

PARENT / GUARDIAN'S SIGNATURE: _____

Terms and Conditions

- (1) A non-refundable deposit of \$50:00 per course is payable prior to one week before course commencement date.
- (2) The outstanding balance of course fees must be paid prior to commencement of course.
- (3) An invoice will be issued for each payment made.
- (4) Any course fee discounts or deviation of standard payment requirements are subject to approval and must be authorised in writing by ACOPA.
- (5) All course venues and dates are subject to change at the discretion of ACOPA.
- (6) All care will be taken by ACOPA to ensure the safety of students however no responsibility will be taken for injury or any actions of students whilst on the premises.

I have read & agree to the terms and conditions stated above.

Signature: _____ Date: _____

Method of payment:

- Cash \$ _____
- Cheque (Payable to Australian Centre Of Performing Arts)
- Credit Card (Authorised Debit)

I authorise ACOPA to debit the following payments from my Credit Card:

Deposit (\$50:00 per course) \$ _____ Date Debited / /

Balance \$ _____ Date Debited / /

Card details: Bankcard Master Card VISA Card No: _____ Expiry Date: _____

Cardholder's Name: _____ Cardholder's Signature: _____

Office Use Only: Date: / / Approved By: _____

Notes: _____