



Airbrush Course - ChCh Enrolment

Option 1: Email to: Cameron Albon . . . cam.albon@airbrushventuri.com.au

Option 2: Text a photo of the form to . . . Cam on 0220 713 178

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Name: _____ Mobile: _____

Address: _____

Work: _____ Home: _____ Fax: _____

Note 1: We will confirm your enrolment within 7 days of receipt by: 1. Text, 2. Email, 3. Phone, 4. Post
We have regular difficulties trying to confirm enrolments. If you have NOT heard from us within 7 days please contact us.

Note 2: It is important that you supply an email address. Please ensure you use the correct Upper and Lower case letters that are used in the email address properly. You will receive quarterly emails with each Airvolution issue release.

Email: _____

Email (repeat): _____

2

Describe your interest in airbrush and experience. If previously trained, list the courses:

Is there anything we should know about you that will help us to tailor our program to you, eg., deafness, colour blindness, medical conditions such as epilepsy, issues such as literacy or learning difficulties, or physical limitations eg, confined to a wheel chair?

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Course Details: (please fill in the course rate, program, and detail the course date & location)

• Adult Student (NB - full time students only)

• Course Type _____

• Venue Location: _____ Program Date: _____

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NO ENROLMENT WILL BE ACCEPTED WITHOUT A MINIMUM DEPOSIT OF 25%

• Payment amount & type \$ _____ (You can pay more than the min. 25% if you wish)

• Money Order No cash!! Postal money orders or bank cheques ONLY.

• Credit Card Card Name _____ Signed _____

Card Type: Bankcard Visa Mastercard

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Expiry Date ____/____ CVV No. _____

• Cheque Name of Account Holder _____

HOME address of Acc. Holder; _____

Home Ph. _____ Suburb _____

• Direct Debit Airbrush Venturi Chch • Branch 060-665 Acc. No. 02-8333-200
Please make sure you include the deposit receipt with the enrolment form

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Yes, I've read and understand the conditions of my enrolment, signed _____