

**SAINT JOHNS COMMUNITY CENTRE
ENROLMENT FORM.**

www.stjp.org.nz
P.O. Box 23 532, Manukau, 2155.

Last name _____

First name _____

Address _____

Phone (home) _____

Work phone _____

Mobile _____

Email _____

We would appreciate the following information for statistical purposes - please circle:

Gender: male / female

Ethnicity: Asian European Maori Pacific Island Other

Age: 16 - 29, 30 - 39 40 - 49 50 - 59 60+

1. Course title _____

Day _____ Fee \$ _____

2. Course title _____

Day _____ Fee \$ _____

Payment: [must be received one week before class starts]

1, Direct credit -
 contact us through website for bank account number and reference code

2. Pay at office Cheque/ Cash \$ _____

3. Post [address above] Cheque \$ _____

Total payment \$ _____

Date _____

Signature _____