



# Milpara Community House Inc.

## Physical Enrolment Form 2020

Please complete the enrolment form and return it either in person, by email [milpara@dcsi.net.au](mailto:milpara@dcsi.net.au) or mail (PO Box 136 Korumburra 3950).

Please note: Enrolment is not complete until the completed enrolment form and full payment is received.

<b>Course Name:</b>			
<b>Participants Name:</b>			
<b>Date of Birth:</b>			
<b>Email Address</b>			
<b>Postal Address:</b>			
<b>Concession:</b>	<input type="checkbox"/> Health Care	<input type="checkbox"/> Pension	Other:
<b>Day Time Phone # :</b>		<b>After hours Phone #:</b>	
<b>Emergency Contact Name &amp; Number:</b>			
<b>Please specify current health issues and current/previous injuries:</b>			
<b>Blood pressure:</b>	Normal <input type="checkbox"/>	High <input type="checkbox"/>	Low <input type="checkbox"/>
<b>Participant Signature:</b>			

In signing this form, I hereby agree to abide by the Code of Conduct for Milpara Community House Inc.  
(A copy of this document is on display in each of the training spaces.)

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**1. How did you hear about this course?**

Term Program     Local Paper     Word of Mouth     Milpara Website   
FaceBook     Online     Other: \_\_\_\_\_

**2. Would you like to be added to our email list to receive the term program? Yes  No**

**3. Do you have any suggestions for future courses/classes?** \_\_\_\_\_

**4. Please select your payment method:** Cash  Cheque  Direct deposit

Cheques made payable to Milpara Community House  
Direct Deposits to Commonwealth Bank, Account: Milpara Community House, BSB 063515 Account No. 00901901 *(Please quote your surname and course as a reference.)*

**Office Use Only:** Enrolment Received Date:

Receipt Number :