

BEST STREET STUDIOS- ART CLUB MEMBERSHIP FORM



1. Name (member 1)			
Date of birth		Child?	<input type="checkbox"/> Y <input type="checkbox"/> N
Email			
Address			
Suburb		Postcode	
Mobile		Phone	
2. Name (member 2)			
Date of birth		Child?	<input type="checkbox"/> Y <input type="checkbox"/> N
Email			
Address			
Suburb		Postcode	
Mobile		Phone	
Name of parent/guardian (if member is under 18)			
Alternate emergency contact person & phone number			
Please advise any special needs or medical conditions.			
Art Club Day/Time	Term	Member Name	Casual or Full Term?
1.			
2.			
3.			
4.			
Choose payment method below (check one box):			Total Cost→
<input type="checkbox"/> Credit Card (only if done in person)	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	
Signature:			
Additional comments:			

How did you hear of Best Street Studios?	
Booking Date	
FOR OFFICE USE ONLY:	
Entered	
Payment date	
Receipt #	
Confirmed	
Comments	

I have read and agree with Best Street Studios Terms and Conditions of Membership (Please refer to www.beststreetstudios.com.au for details)

Best Street Studios, 26 Best Street, Wagga Wagga NSW 2650