



MOFSC ADULT DINGHY SAILING COURSE

DETAILS				
First name	Surname	D.O.B	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Height (approx.)	Weight (approx.)		Member No.	
Address				
Email				
Phone (mobile)	Phone (home)		Phone (work)	

COURSE ATTENDING	
<input type="checkbox"/> Start Sailing Adult	Every Saturday 20 April–18 May Starting 1330hrs (approx. 4-hour sessions)

SAILING EXPERIENCE	
<input type="checkbox"/> I have never sailed before	<input type="checkbox"/> I have previously participated in a Club sailing programme

EMERGENCY CONTACT DETAILS		
Emergency Contact (first name and surname)		
Phone (mobile)	Phone (home)	Phone (work)

MEDICAL DETAILS	
Please list any allergies or other medical conditions you have:	Are you taking any tablets or medication? <i>Please state name of medicine and dosage</i>

PHOTOGRAPHS
Mandurah Offshore Fishing & Sailing Club may from time to time take photographs during events for promotional material, newsletters and the web site. <input type="checkbox"/> I agree that my image may be used for such purposes (please tick). OR <input type="checkbox"/> I DO NOT agree that my image be used for such purposes (please tick). Signed: _____ Date: _____

Please submit completed entry forms to **MANDURAH OFFSHORE FISHING & SAILING CLUB**

•Email: reception@mofsc.com.au •Fax to: 08 9535 8979 •PO Box 219, Mandurah WA 6210

Payment can be made by

Cheque Amount: \$320.00

Cash Amount: \$320.00

Direct Credit Amount: \$320.00

(Mandurah Offshore Fishing and Sailing Club BSB 306-072, A/C 0450430.

Please quote name as reference).

Please debit my Visa MasterCard Amount: \$320.00

CREDIT CARD PAYMENT	
Member N°:	Member Name:
Card Holders Name:	Card Type: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Card N°: _ _ _ _ - _ _ _ - _ _ _ - _ _ _ _	Expiry Date: _ _ / _ _
Authorisation N°: _ _ _	Date: _ _ / _ _ / _ _
	Amount Paid: \$ _ _ _ _ . _ _
Tel N°:	
Notes:	