## Central Coast PARAGLIDING



Shop 1/103 Bateau Bay Road,

(Not required if sending electronically)

**BATEAU BAY NSW 2261** 

coxy@ccparagliding.com.au

## LICENCE COURSE BOOKING FORM

| First Name:   | Last Name:  |                                |                                      |
|---|---|--------------------------------|--------------------------------------|
| Address:  |   |                                |                                      |
| Suburb:   |   | State:                         | Postcode:                            |
| Phone:  |   | Mobile:                        |                                      |
| Email:  |   |                                |                                      |
| HGFA Membership N   | Number <u>:</u>   |                                |                                      |
|   |   |                                |                                      |
| COURSE DATE   | Erom:   | To                             |                                      |
| COURSE DATE   | <i></i>   | To:                            |                                      |
|   |   |                                |                                      |
| Payment Th  | e cost of the 9-a   | lay Licence Course is \$2,25   | 0. A deposit of \$500 is required to |
| •   | cure vour bookir  | ng, followed by full payment a | at the start of the course           |
|   | sare year seerm   | ig, reneried by ran payment    | at the start of the source.          |
| Payment amount:   |   |                                |                                      |
| r dymont dinodin.   |   | <del>_</del>                   |                                      |
| Payment Method:   | Cheque F  | Payable To: Central Coast Pa   | aragliding                           |
| (Mark with an `X')  |   |                                |                                      |
|   | Cash  |                                |                                      |
|   | <b>EFT -</b> Bank Details: BSB - 062799 Acc No - 10504399 |                                |                                      |
| Forward a bank receipt for the transaction via return email |   |                                | ia return email                      |
|   | Credit Card   | d (M/Card, Visa only)          |                                      |
|   |   |                                | ,                                    |
| Card number:  |   | /                              | _/                                   |
| Expiry: m   | V   | Cardholders Name:              |                                      |
|   | ,   | Saranoidoro Hamo               |                                      |
| Cardholders Signatu   | re:   |                                | Date:                                |