



# OLINDA COMMUNITY HOUSE INC.

**ABN:** 63 299 630 286  
**Registered No:** A0018118Z  
**Funded by:** Dept. of Planning and Community Development  
Yarra Ranges Council

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## ENROLMENT FORM 2020

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT – NAME AND TELEPHONE NUMBER: \_\_\_\_\_

NAME OF COURSE(S): 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

ANNUAL ADMINISTRATION / MEMBERSHIP FEE \$5.00:

RECEIPT NUMBER: \_\_\_\_\_

How did you hear about the course/activity? (Please circle one)

Program brochure    Flyer    Newspaper    Person    Other \_\_\_\_\_

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SIGNATURE

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DATE