

birth enrolment form

I wish to enrol for SERIES:

1 2 3 4 5 6 7

I wish to enrol for INDIVIDUAL CLASSES:

Please indicate which series the class falls in.

- | | |
|---|------------------------------|
| <input type="radio"/> THE INS AND OUTS OF BIRTH | series <input type="radio"/> |
| <input type="radio"/> THE POWER AND THE PAIN | series <input type="radio"/> |
| <input type="radio"/> THE BIRTH PARTNER | series <input type="radio"/> |
| <input type="radio"/> ROCK-A-BYE BABY | series <input type="radio"/> |

PAYMENT:

NAME/S: 1

2

ADDRESS:

PHONE: H.....MOB.....

EMAIL:

cheque

money order

PAYMENT TOTAL: \$

Send this form to: birth, 5 Herbert St, PRESTON 3072
a booking confirmation will be sent to you