Eastwood Public School Chess Classes (Years 3-6) – 2012

Classes will take place on Tuesday mornings from 8:00am – 8:55am.
This class is only for students in Years 3-6.

To enrol, please tick the appropriate boxes below:

| Term 1 – Cost: $52 | Workbook 1 – Cost: $22 |
| 14th Feb – 3rd Apr | [Beginner / Rookie] |
| Term 2 – Cost: $58.50 | Workbook 2 – Cost: $22 |
| 1st May – 26th Jun | [Intermediate] |
| Term 3 – Cost: $58.50 | Workbooks 1&2 – Cost: $35 |
| 24th Jul – 18th Sep | [SPECIAL OFFER] |
| Term 4 – Cost: $58.50 | Chess clock – Cost: $65 |
| 16th Oct – 11th Dec | [DGT Easy Gametimer] |
|                       | Chess set – Cost: $22 |
|                       | [Roll-up chess board + pieces] |


(Please circle your choice)

There will be no refunds for students who miss classes during the term.

Total amount paid: $______________

Method of payment [please note that cash payments will NOT be accepted]

Please tick the appropriate box

☐ Direct deposit

Sydney Academy of Chess
BSB: 062 319
Account Number: 1036 9569 [Commonwealth Bank]

In the transaction description, you must write your school code, which is “ET”, followed by the term/equipment code(s) and the child’s first initial and surname.
The codes are: Term 1 = 1, Term 2 = 2, Term 3 = 3, Term 4 = 4, Workbook 1 = 5, Workbook 2 = 6, Workbooks 1&2 = 56, Chess clock = 8, Chess set = 9
For example, "ET123JSmith" would be John Smith’s payment for terms 1 and 2, plus a payment for Workbook 2, and a chess set. If you pay by direct deposit, you must email a receipt and this permission form to laura.sydneyacademy@gmail.com

☐ Cheque

Payable to Sydney Academy of Chess
Pay at Sydney Academy of Chess or post together with the permission slip to:
Sydney Academy of Chess
PO Box 1325 Burwood NSW 1805

☐ Visa

Card Holder’s Name: __________________________
Card Number: ___________ / ___________ / ___________ / ___________
Expiry Date: __ / __ Card Validation Code: __ __

☐ Mastercard

Student’s Name: __________________________ Date of Birth: __ / __ / ______
Class: __________ Parent’s Name: __________________________
Contact Numbers: (Home) ___________ (Work) ___________ (Mobile) ___________
Email: __________________________

Relevant medical conditions / allergies: __________________________
Signed: __________________________ Date: __ / __ / ______