## DALMATINSKO KULTURNO DRUŠTVO INC.



**Payment Date:** 

## Dalmatian Cultural Society Inc.

10-14 New North Rd, Eden Terrace. Auckland PO Box 8479 Symonds St. Auckland, New Zealand Ph (09) 379 7680

dalmatiancultural@gmail.com

www.dalmatian.org.nz

## **Folklore Enrolment Form 2023**

Full Name of Applicant:							
Telephone Number:							
Email Address:							
Membership No. (if known)							
If applicant/s are under	. 18 vears a	of age inlease cor	mnlete details h	elow:			
Childs Name:	lo years c	<u>, age, pieuse eo.</u>	nprece decans s	<u> </u>	Date of Birth:		
Childs Name:					Date of Birth:		
Childs Name:		Date					
Childs Name:					Date of Birth:		
Financial Member: Parel (please circle)		Parent	t Grandparent		Notes:		
Tuition Class Type: (circle as many as required)		Junior Kolo		Intermediate Kolo		Tarara Folklore Ensemble	
		Reunion Kolo		Orchestra		Senior Choir	
		Klapa Dalma		Beginner Language		Intermediate Language	
Fees (please indicate):		One Applicant \$30.00		Two Applicants \$40.00		Thre	e or more applicants \$50.00
Mothed of Payment: (sircle)		CACII	CASH DIRECT (		T CREDIT EFTPOS		CHEOTIE
Method of Payment: (circle)		САЗП	CASH DIRECT CREDIT EI		EFIPO	3	CHEQUE
Online Banking Details:		Account Number:		Reference:		Code:	
		02-0144-0070761-00		(WRITE FAMILY NAME)		(WRITE CLASS TYPE)	
<ol> <li>Terms and Conditions of Enrolment:         <ol> <li>Applicants who are over 18 years of age need to be financial members of the Dalmatian Cultural Society</li> </ol> </li> </ol> <li>Applicants who are under 18 years of age require at least one parent or one grandparent who are financial members of the Dalmatian Cultural Society</li> <li>Fees for two, three or more applicants apply to those applicants in one family</li> <li>It is understood that any item borrowed from the Dalmatian Cultural Society will be returned in the same condition and when requested.</li> <li>Class attendance is on a weekly basis in accordance with the school year, or as advised. If attendance is not possible, then the appropriate class tutor should be notified.</li>							
Signature:				Date	:		
OFFICE USE ONLY:							

Receipt

Number:

Membership

Number:

Received

By: