



FTI SCHOOL HOLIDAY WORKSHOPS REGISTRATION FORM

Booking Details:

Student Name _____ Age _____
 Address _____
 Phone (H) _____ (W) _____ (M) _____
 Email _____
 Course Title/s _____
 Course Date & Time: _____
 Course fee/ deposit \$ _____
 TOTAL PAID \$ _____ Remainder Owing \$ _____

Enrolment Terms and Conditions:

- Enrolment can be made by fax, post, phone, email, or in person
- A signed registration form must be completed at time of payment. On signing, the applicant accepts FTI's terms and conditions of trading. A "Confirmation of Booking" will be issued with your receipt of payment.
- To ensure enrolment in a course, a deposit of 50% of the course fee or \$50, whichever is greater, must be paid at time of enrolment, the balance is to be paid no later than 2 weeks prior to commencement of the course.
- Fees include one complimentary FTI Under-18 membership valid for 12 months and a copy of projects.
- If you withdraw less than two weeks prior to commencement of the course, you will forfeit the deposit and the balance of the fee will be returned. There will be no refunds after the course has commenced, unless an alternative arrangement is agreed to by the Professional Development Coordinator in writing.
- FTI reserves the right to cancel any course; all fees paid will be returned.

Student Information:

All students are to report to the reception desk at the Adelaide Street entrance upon arrival at 9.30am at the start of each course. Lunch is not provided, and is not available to buy from FTI. It is requested that students bring their own lunch and stay within the FTI premises during the lunch break, unless a permission note is provided by parent/guardian for the student to leave. **The workshops will be conducted at the:**

Film & Television Institute
92 Adelaide Street, Fremantle WA 6160
P: 9431 6719 E: training@fti.asn.au W: www.fti.asn.au

I have read and accept the above terms and conditions. I hereby acknowledge that my child/children (print name/s) _____, will be attending the above workshops at FTI on the dates and times stated above. I do/do not (please circle) give permission for my child/children to leave FTI premises for lunch.

Parent Signature _____ Date: _____

Office use only:

Date Received _____
 Receipt No. _____
 Received by _____

Payment Details:

Cheque/Money Order Visa Mastercard Bankcard Cash (in person only)

Cardholder's name _____

Card No. _____ - _____ - _____ - _____

Exp date: ____ / ____ Amount \$ _____

Signature _____ Date _____