

CLASS/GROUP ENROLMENT FORM

ACTIVITY:	
LEADER:	PHONE:
VENUE:	
START DAY/DATE:	TIME:

Please note - this group is full. Put your name on the wait list below and if possible indicate if you are willing to lead another group in the same activity.

WAIT LIST

No.	Name PLEASE PRINT!	Phone	Email address PLEASE PRINT!	TICK TO VOLUNTEER AS LEADER FOR AN EXTRA GROUP
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