



Clarence River U3A Inc

CLASS/GROUP ENROLMENT FORM -WAIT LIST

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.

PLEASE ADD YOUR NAME TO THE LIST

	Name PLEASE PRINT!	Phone	Email address PLEASE PRINT!
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