

**HOW TO ENROL –**

1. Fill in enrolment form
2. **Send with payment to -**  
*(please make cheques payable to Princes Hill Community Centre)*  
 Princes Hill Community Centre  
 Rear 270 Macpherson Street  
 Princes Hill 3054 or drop by during office hours  
 Office Hours during school terms  
 Tuesday & Wednesdays 10:00am – 4:00pm  
*\* please note that these times are subject to change during school holidays – call or check website first to check office hours during school holidays*  
*\* please note we accept cash or cheques only.*  
 We **DO NOT** accept Credit Cards.  
**or direct bank payment to**  
 Account name: Princes Hill Community Centre  
 BSB: 013374 Account no: 528782389  
**IMPORTANT please enter class code, then your name in the details**  
 eg HWO1/B. Black(After Work Pilates – Belinda Black))
3. **Enrol online directly from website.** Choose course you wish to enrol in and go to *enrol now* at bottom of course description.

**Refunds:**

If there are insufficient enrolments for class, all fees will be refunded. Cancellation within 7 days of a class starting will incur a 25% administration charge with the remainder of fees refunded. Once a class has begun, no refund of fees will be given unless under exceptional circumstances.

Thanks for signing on!

For further information, please contact us –  
 Ph. (03) 9387 7740 [enquiries@princeshill.org.au](mailto:enquiries@princeshill.org.au)  
**www.princeshill.org.au**

**Enrolment/Membership Form**

<b>Course Name:</b>		<b>Course Code:</b>			
<b>Term (circle):</b>	1	2	3	4	all year
<b>Cost:</b>	New enrolment/		Re enrolment		
<b>First name:</b>		<b>Surname:</b>			
<b>Address:</b>		<b>Postcode:</b>			
<b>Phone primary:</b>		<b>secondary:</b>			
<b>Mobile:</b>					
<b>Email:</b>					
<b>Emergency contact name:</b>					
<b>address :</b>				<b>Tel.</b>	
<b>How did you hear about the class or activity? (please circle)</b>					
Postcard Brochure Internet Email Newspaper Word of mouth					
Other _____					
<b>*This information is valuable for Funding Applications</b>					
<b>Please circle your age group</b> <25 yrs 26-40 yrs 41-64 yrs >65 yrs					
<b>Are you a City of Yarra Resident? Yes No (please circle)</b>					
<b>What is your first language spoken at home?</b>					
<b>Suggestions for courses or activities you'd like to see at PHCC:</b>					
<input type="checkbox"/> <b>Tick if you don't want to be on the PHCC email mailing list</b>					
<input type="checkbox"/> <b>Tick if you would like to hear more about the volunteering opportunities at PHCC</b>					
<b>Signed:</b>			<b>Date:</b>		
<u>Office use only</u>		Method of payment:			
Student ID#		Receipt#		Confirmation sent:	
Date of enrolment:		cash cheque O/L			