

Broughty Ferry Educational and Recreational Association
ENROLMENT DETAILS

Please complete this form in BLOCK CAPITALS

Name: _____

In the event of a class being cancelled, I would like to be informed:

- by email:

- by telephone:

Signed:

Class: _____ Start date: _____

Fee: _____ Paid

RECEIPT

Date: _____ Name: _____

Class: _____ Start date: _____