

Angel Wings Registration Form

Name : (To be placed on certificate)

Address : _____

_____ P.C. _____

Contact Details

Home : _____

Mobile : _____

Email : _____

Please find enclosed cheque/money order for

\$ _____

As full payment As deposit

Course Date<s> : _____

Course Title<s> : _____

Please make cheques or money order
payable to -

Petre Johnson
P.O. Box 267
O'Halloran Hill
S.A. 5158

Deposits are required 2 weeks in advance & are
non - refundable.
(except in case of cancellation by Petre)

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