



Edmund Rice Camps (SA) Incorporated

Providing Camps, Day Activities, Training Services &
Support to Children, Young People & Families

ERC Services (SA) Pty Ltd

Child Safe Environments-Child Abuse & Neglect Program Refresher Booking Sheet

I would like to book on: _____

PLEASE NOTE BOOKINGS ARE TENTATIVE FOR 7 DAYS, RETURNING THIS FORM,
TOGETHER WITH PAYMENT CONFIRMS YOUR PLACE IN THE COURSE.

Full Name: _____

(Please write clearly as you would like it printed on your Certificate)

Address: _____

Suburb: _____ P/code: _____

Contact Details: ph: _____ mobile: _____

Email: _____

Your Occupation: _____

What age group do you work with? _____

Is English your second language? NO YES

Do you have a disability requiring support, i.e. wheel chair access? NO YES

If yes, please list your needs: _____

Is there anything else we need to know in preparation for you attending this training?


Please turn over and complete Payment Details to confirm your booking

Payment Details

YOUR PLACE IS NOT CONFIRMED UNTIL THIS BOOKING FORM HAS BEEN COMPLETED, RETURNED & PAYMENT HAS BEEN RECEIVED IN FULL.

	PRICE	TOTAL	
Full Fee	\$40.00	\$	
Student / Concession (Student/Concession ID Required)	\$40.00	\$	
Donation (over \$2 - tax deductible)		\$	
TOTAL PAYABLE		\$	

Payment Options:

 **In Person/Phone** – Payments via Cash, Credit Card, Debit Card or Cheque accepted in person to Edmund Rice Camps SA Inc, 117 South Road, Thebarton SA 5031, Mon to Fri, 9am to 5pm or Phone (08) 8234 2937 once booking form has been received. A receipt will be posted to you.


 **Mail** - Cheque, Money Order, or Postal Note , make payable to ERC Services (SA) Pty Ltd.,

or credit card. **Credit Card (circle one):** **Visa** **MasterCard**

Credit Card No: ____ / ____ / ____ / ____ **Expiry Date:** __ / __

Name: _____ **Signature:** _____

Post to: Edmund Rice Camps SA Inc, 117 South Road, Thebarton SA 5031. Or **Fax** credit card details to: 08 8234 1940. A receipt will be posted to you.

 **Electronic Payments** – Payments by bank transfer to the following Account, please use your First Name Initial and Surname as reference. A receipt will be posted to you.

Account Name: ERC Services (SA) Pty Ltd **BSB:** 035 212 **Account Number:** 205526

Date of payment: _____ **Reference/Receipt No:** _____

Need an Invoice? We are happy to create, post , fax, or email one through to you, simply complete the details below (Address details are required). **This is not for receipts, invoicing only:**



Company Name: _____

Attn: _____

Address: _____ **Suburb** _____ **P/C** _____

Fax/Email: _____

By booking your training with us, you are helping us to continue offering our services to children, young people and families.

Edmund Rice Camps (SA) Inc

117 South Road, Thebarton SA 5031

Ph: (08) 8234 2937 Fax: (08) 8234 1940

Email: training@eddiecamps.org.au Web: www.eddiecamps.org.au