



registration form

Course date: _____

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Name: _____

Address: _____

Email address: _____

Phone number: Day: _____ Evening: _____ Cell: _____

Expected due date: _____

Midwife/Doctor (LMC) _____

Emergency contact: Name: _____ Phone: _____

Any medical conditions, disabilities or medication tutor needs to be aware of?

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Course costs: \$160 or \$150 if enrol and pay a month before the class starts

Please send registration form: Diane Reefman
(post) 8 Collison Terrace, Haumoana, Napier 4102
(email) di.reefman@pbpb.co.nz

Please send payment to: Diane Reefman
(cheque) 8 Collison Terrace, Haumoana, Napier 4102
(internet) National Bank 06 0645 0469156 00
(reference) Name and Phone number

Signed: _____

Dated: _____

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