



PO Box 6354 Park Beach Plaza COFFS HARBOUR NSW 2450
at the entrance to the Showground, Pacific Highway, Coffs Harbour
Phone: 02 9069 5774 Email: chcagclassesworkshops@gmail.com

The Artist Studio – “SUNDAY SALON SESSION” BOOKING FORM

PLEASE PRINT

NAME _____

PHONE (H) _____ (M) _____

EMAIL _____

NAME OF SESSION YOU ARE ATTENDING

1. _____

To help the tutor prepare for the Session. Are there any questions that you would like answered on the day?

1. _____

2. _____

3. _____

Cost of Sunday Salon Session is \$25.00 per person AMOUNT PAID \$ _____

PAYMENT OPTIONS

Cheque \$ _____

Cash \$ _____

Made payable to CHCAG

In Person: Fill in the form, place it together with your payment in the envelope provided and put in the Treasurers Green Letterbox in the Gallery

Post: Fill in the form, post it together with your cheque payment to the postal address above.

Internet Direct Deposit \$ _____

Date _____

Receipt # _____

DIRECT DEPOSIT:

Account Name: Coffs Harbour Creative Arts Group
Bananacoast Credit Union (a division of Police & Nurses Ltd)

BSB: 533 000

Account Number: 32830906

Please Note: New Account Number

Your payment reference must be coded with your Surname, Initial, e.g. SmithG M followed by the Code: SSS

Internet Banking: Please complete this interactive PDF form and email the completed form together with your direct deposit receipt number to the Treasurer chcagtreasurer@gmail.com