



Workshop Booking Form

Please refer to Workshop Policy before booking your workshop.

This form must be completed in full and provided with your payment
Please confirm with workshop booking secretary that there are places available
in the workshop before sending payment E-mail: workshops@calligraphywa.asn.au.

Name of Workshop.....Tutor.....

Date of Workshop.....Payment Amount.....

First Name _____ Surname _____

Address: _____

_____ Postcode: _____

Telephone: Landline _____ Mobile: _____

E-mail: _____ @ _____

Paid by:

EFT (please strike out whichever is not applicable) YES / NO \$.....

Cheque: YES / NO \$.....

Cash: YES / NO \$.....

Payment Options:

- EFT

Banking details: BSB: 126 572 Account number: 22045523

Account name: Calligraphers' Guild of WA (Inc.) Payee reference: WS/ [your surname and initials]

- In person at a Guild meeting

Cash or Cheque

- Post (do not send cash by post)

Cheque / Money order Please make cheques payable to "Calligraphers' Guild of WA Inc."

Postal Address

Workshop Booking Secretary
Calligraphers' Guild of WA
PO Box 876
Joondalup WA6919

Date _____

Do you give your permission for the Guild to publish your image, if taken at Guild events, on the Guild's
website? Yes No (please circle)