



L I Z Z I E
W A G N E R
G R O U P

The Lizzie Wagner Group Pty Ltd T/A
THE LIZZIE WAGNER ACADEMY

PO BOX 4444 KINGSTON ACT 2604
02 6299 8328

ACN: 008 624 306 ABN: 23 008 624 306

School of grooming, department, personal and professional development, and modelling application/registration form

| | | | |
|--|--------------------------------|-------------|-------------|
| SURNAME _____ | GIVEN NAME(S) _____ | | |
| Date of Birth _____ | Age at Commencement Date _____ | | |
| Occupation _____ | Place of Work/School _____ | | |
| Postal Address _____ | | | |
| Email _____ | | | |
| Phone (BH) _____ | (H) _____ | (FAX) _____ | (MOB) _____ |
| Emergency contact _____ | Relationship _____ | | |
| Special Skills _____ | | | |
| Medical Conditions or Personal Information The Academy Should Be Aware Of: _____ | | | |
| _____ | | | |

A deposit must accompany this application, or full payment to receive a discount.

Balance to be paid on commencement of the program (if applicable).

NOTE: If a student is accepted for the course, the deposit or payments are not refundable. However, if the student is unable to attend, or the program is rescheduled the deposit or payment can be carried forward to another approved program or classes to the value of the deposit.

| | |
|---|------------------|
| Course _____ | Fee \$ _____ |
| _____ | Deposit \$ _____ |
| Commencement Date _____ | Balance \$ _____ |
| CREDIT CARD PAYMENTS – ADDITIONAL SURCHARGE OF 3% | |
| CHEQUES PAYABLE TO THE LIZZIE WAGNER GROUP PTY LTD T/A THE LIZZIE WAGNER ACADEMY | |
| ABN 23-008-624-306 | |

I AGREE TO ABIDE BY THE CONDITIONS STATED ABOVE AND ACCEPT THAT THE DEPOSIT IS NON-REFUNDABLE (as detailed above).

Signature _____ Date _____

Signature of Guardian (if applicant is under 18 years of age) _____ Date _____

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