

SAFETREK 4wd Training Services - COURSE REGISTRATION -

Please email to: jim@safetrek.com.au Or Print & post: PO Box 467 Doncaster 3108 Or print/fax 03 59637240

Code of course:

CONTACT DETAILS

First Name:

Surname:

Partners Name:

Children's Names:

Address:

Post code:

E-mail:

Phone Number:

Mobile:

PAYMENT

Please highlight Payment method to cover total cost of course by:

Cheque

EFT: (BSB 033 178; Account 228492)

Credit Card (please enter details below)

CC Details (MasterCard, Visa and or Amex):

Card holder:

Credit card number:

Credit card expiry:

Credit card CVV

VEHICLE DETAILS

Make:

Model:

Year:

Fuel:

Petrol

Diesel

Number of Cylinders:

Transmission:

Automatic

Manual

Registration number:

Colour of vehicle:

FUTURE ADVERTISING OF COURSES – PLEASE NOMINATE/HIGHLIGHT

Please DO NOT use my testimonials, photos/ video taken throughout the course for marketing purposes.

Please DO use my testimonials, photos/ video taken throughout the course for marketing purposes.