



**THE box**

Course: \_\_\_\_\_

info.pe@theboxlearningstudio.co.za / www.theboxlearningstudio.co.za

Thank you for enrolling for a course with The Box Learning Studio.

Please submit a copy of your ID & proof of payment with your enrolment form.

Name & Surname	ID Number
Address - Street	Suburb
City	E-mail
Employed <b>yes</b> <b>no</b> <b>pensioner</b>	Occupation
Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home
Next of Kin Name	
Phone Number	
E-mail	
Emergency Contact Name	Emergency Contact Phone Number
Other Information (Known Allergies, Disabilities, Illnesses)	

Total Paid Upon Enrollment		Paid Via:
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I hereby confirm that I will follow the course itinerary strictly and be present promptly at the locations indicated on the itinerary. I shall exercise common sense and avoid actions, which may put people, other property, and myself at any risk. I further acknowledge/confirm that **the box learning studio** is not responsible for all or any claims, loss and/or damage which may respectively occur as a result of my participation in this course. I fully understand and accept that this is a non-credit-bearing short course, that i am attending and i also understand that the course or any part of it may have to be cancelled or re-scheduled on short notice due to unforeseen circumstances. In such cases, the course may be re-scheduled at a later time, or I may receive a reimbursement for any remaining portion of the fees I have paid.

Name	Parent Name (if Minor)
Signature (or Parent/Guardian if Minor)	Date