

FRONT OF HOUSE COURSE – REGISTRATION FORM - 2018



PLEASE COMPLETE USING BLOCK CAPITAL LETTERS

Please ensure that you read the booking conditions and complete all sections on the booking form where applicable. **Email the completed form to:** info@capewineacademy.co.za or fax to: 021 889 7391

SECTION A - YOUR DETAILS

Surname: _____ First Name(s): _____ Mr/Mrs/Miss/Ms: _____

Postal Address: _____

Post Code _____ Telephone No.: _____ Cell Number: _____

Email Address: _____

SECTION B - THE COURSE/EVENT

Course: **FRONT OF HOUSE COURSE** Venue: _____

Course Start Date: _____ Cost: _____

SECTION C - BOOKING CONDITIONS

- **Cancellations are accepted up to 5 working days prior to the start of the course, after which time you will be liable for the full payment of the course fees**
- If a confirmed course booking is cancelled during the 5 working days prior to the start of the course, or at any time after the start of the course, no refund or transfer of the course fees will be made
- Transfers of a confirmed booking either to another course or applicant can be made up to 3 working days before the course start date
- Course fees will be refunded in full if Cape Wine Academy changes a course date or cancels a course. Notification will be made no less than **3 working days** prior to the planned start date of the course.

I have read and understood the policy on cancellations, refunds and transfers above. I understand that all CWA courses are subject to minimum numbers and Cape Wine Academy reserves the right to change tutors, reschedule, cancel, close or combine courses if necessary.

Signature: _____ Date: _____

SECTION D - MARKETING INFORMATION

Where did you hear about us?

SECTION E – PAYMENT (indicate with an X)

Payment can be made via EFT or by Credit Card. **All payments are to be either emailed or faxed to the relevant office. STB/KZN: 021 889 7391 JHB: 086 559 7329 (Please use students name as a reference)**

EFT to the account below:

Account Name: Cape Wine Academy

Bank: Nedbank (Killarney)

Branch Code: 191605

Account Type: Cheque

Account Nr: 1916101968

Credit Card

If you wish us to **invoice** your employer, please complete the details below. The request **MUST BE** signed by a manager who may authorise payments.

Company Name: _____ Address: _____
Tel Number: _____

V.A.T. Number: _____ Purchase Order Number: _____

Fax Number: _____ Manager's email address: _____

Manager's Name: _____ Manager's Signature: _____