



HERBS FOR MENTAL HEALTH ENROLLMENT FORM

ESTABLISHED 1976

NAME:

E-MAIL:

ADDRESS:

PHONE: HOME

MOBILE:

OCCUPATION:

INTEREST/REASON FOR ENROLLMENT:

DEPOSIT ENCLOSED: \$200 Required

TOTAL FEE: \$385

(Inclusive of all materials and products made)

BALANCE DUE: \$185

(NOTE: No enrollment form accepted without deposit. Deposit will be refunded in full if application declined)

Please indicate how you intend to pay balance of fees due.

OPTION 1: By credit card as below

OPTION 2: Online deposit into Cottage Hill Herbs account no: 030774.0890385.00

Fee payment to be paid in full before class start date.

I will be responsible for the above option of payment.

SIGNATURE:

DATE:

VENUE:

Cottage Hill Herb Farm
2 Bridge Road
Birchville, Upper Hutt
Phone: (04) 526 4753

**ENROLLMENTS WILL CLOSE
WHEN CLASS IS FULL**

donna@cottagehillherbs.co.nz
www.cottagehillherbs.co.nz

Tuition fees are held in a legally approved trust account pending commencement of the year's course.

CREDIT CARD PAYMENT

Charge to: VISA

MASTERCARD

BANKCARD

Card Number:

Expiry Date: /

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name on Card:

Total Paid: