



**BROOMFIELDS**  
FINE NEEDLEWORK SUPPLIES

144 Lichfield St  
City  
Christchurch

P: 03 3772748  
F: 03 3773614  
E: info@broomfields.co.nz

WORKSHOP ENROLLMENT FORM

Name: _____
Address: _____ _____
Phone:(    ) _____ Mobile:(    ) _____
Email: _____

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

**Tutor:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Course Fee:** \$ \_\_\_\_\_      **Deposit Paid:** \$ \_\_\_\_\_

**Deposit required to secure place in class.**

Payment can be made by Cheque, Mastercard, Visa or by Eftpos instore.

Cheque enclosed: \$ \_\_\_\_\_

Please charge my credit card number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_ Name on Card: \_\_\_\_\_

**Please send completed form to:**

Broomfields P O Box 22-574 CHRISTCHURCH 8142

**OR Fax form to 03 377 3614**