

# CUCINETTA RISTORANTE

## Enrolment Form

EAT

DRINK

COOK

FIRST NAME

SURNAME

STREET

SUBURB

POSTCODE

TELEPHONE NUMBERS

DAYTIME

EMAIL

HOW OFTEN DO YOU COOK?

DO YOU EAT OUT REGULARLY?

WHICH RESTAURANTS DO YOU EAT AT?

I WOULD LIKE TO ENROLL IN THE FOLLOWING CLASS

CLASS NAME

CLASS DATE

NUMBER OF GUESTS

DIRECT DEPOSIT DETAILS:

BSB: 062169

ACC: 10233340

DETAILS: VBM INVESTMENT

CARD NUMBER

CARD DETAILS:

EXPIRY DATE

AMOUNT

CARD HOLDER'S NAME

SIGNATURE