

ENROLMENT FORM

Please complete form in BLOCK CAPITALS.

| I wish to enrol on | level | day | time |
|--------------------|-------|-----|------|
| course 1 | | | |
| course 2 | | | |

Location: Exeter Dartington

Mr/ Mrs/ Miss/ Ms. First name.....Surname.....

Address.....

..... Postcode.....

 (day):  (evening):

Mobile: Email:

Occupation:

I enclose a cheque payable to Alliance Française – Devon for the value of:

| | |
|---|--|
| £ | If paying by instalments, please ask for our standing order form, which must be returned with this enrolment form. |
|---|--|

Terms & conditions:

- The Alliance Française reserves the right to cancel a course when there is an insufficient number of students. **Only in this case will payments be refunded.**
- I understand that the above fees are not refundable or transferable if I fail to complete the course.

Signed.....Date.....

How did you hear about us?

- Website Word of mouth Yellow pages Library
 Newspaper – Which one? Other.....



Please ensure that you have signed the form before returning it to:
 Alliance Française – Devon, Foxhole, Dartington, TQ9 6EB.

Office use only

Course: Amount paid £..... Discount £..... Credit £.....
 Cash Cheque BAC Invoice to company