

PETER SARDI'S SCHOOL OF ACTING

ACTING FOR THE CAMERA WORKSHOP DEPOSIT FORM

To secure a place: Print out this Form & forward with deposit payment.

TOTAL COST: \$600.00 **DEPOSIT = \$200.00** (BALANCE - \$400.00)

Name: _____

Address: : _____

Suburb: : _____ P/Code _____

Phone:mob: _____ (H) _____

Email: _____

Please find enclosed my DEPOSIT of \$200.00

Balance owing: \$400.00 (\$600.00 less \$200.00)

I understand my payments are STRICTLY non refundable or transferable.

Signature: _____

Cheques payable to: PETER SARDI'S SCHOOL OF ACTING.

Please Mail payment to: **P.O.BOX 147 BRIAR HILL 3088**

To secure a place for this workshop please forward Deposit payment of **\$200.00** with this **DEPOSIT FORM** by due date.

**The Balance form can be downloaded from our website from the same page "Acting For Camera Workshops Link" you downloaded this Form.*

PLEASE DO NOT HESITATE TO CONTACT US IF YOU HAVE ANY QUESTIONS.

Peter Sardi