

THE SA
School of Weddings

STUDENT NUMBER:			COURSE CODE: Certificate in Wedding Cakes		
COURSE NAME: Certificate in Wedding Cakes			STARTING DATE	Part Time: Part Time: Full Time:	
Mr	Mrs	Miss	First Name:		Surname:
HOME ADDRESS (Postal)			Postal Code:		
CELL NUMBER					
E-MAIL ADDRESS					
NAME AND POSTAL ADDRESS OF COMPANY			Postal Code:		
POSITION IN COMPANY:					
I. D. NUMBER:			STANDARD OF EDUCATION (HIGHEST QUALIFICATION)		
REGISTRATION FEE (This secures your place in the course) <small>Please note an additional admin fee of R20 will be charged for cash deposits.</small>		R1500 (Not included in course fee)		Please tick if your company must be invoiced	
TOTAL FEE		R4000		Payment in Full Before end of Course	
Part Time - Balance due before 7 th lesson					
Full Time - Balance due before starting first lesson					
JOHANNESBURG ONLY					
I, _____ The above named student And we, _____ The sponsoring company or guardian (whichever applicable) hereby agree to be jointly and severally liable for the total fee. I/we further agree that failure to attend lectures will not reduce my/our liability for the fees for the full course. THIS ENROLMENT IS ACCEPTED ON THE CLEAR UNDERSTANDING THAT IT CANNOT BE CANCELLED BY THE STUDENT AND FULL PAYMENT FOR THE COURSE WILL BE MADE. The signatories hereto accept that The SA School of Wedding shall have the right to vary the course syllabus at any time, without prior notification and without furnishing reasons therefor. The SA School of Weddings shall further have the right to alter timetables and course commencement dates where necessary. The SA School of Weddings shall have the right at its sole discretion, to cancel tuition in any course or subject initially advertised and offered, on the basis of insufficient demand. Signature _____ Student Signature _____ For sponsoring company or guardian (whichever applicable) Date: _____			COMPLETE IF COMPANY SPONSORED Approved by Name: _____ Position: _____ Order No: _____		
			Banking Details SAWS Baking Courses Nedbank Current Account Account Number: 1006261753 Branch Code: 197505 Use your name as a reference and fax proof of payment and the enrollment form to the SA School of Weddings on 0865 036 196. For any further information please contact us on info@saschooloweddings.co.za		