

**COURSE ENROLMENT FORM 2025**

Name: ………………………………………………… Date: ……………………….....

Address: ………………………………………………………………………………........

Phone No: …………………………. Mobile: …………………………………......

Email:……………………………………………………………………………………......

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| Course Number | Course | Day & Time | Tutor/Contact |
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Assume you have been accepted into your course. You will be notified only if there is any change. Please send top section to:

The Secretary, U3A Seymour & District, PO Box 767, Seymour, 3661

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**KEEP THIS SECTION**. I am enrolled in the following courses:

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| Course Number | Course | Day & Time | Course Contact & Ph. No. |
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Incorporation No: A0047264R Reviewed 24