



# Legs on the Wall 2010 Training Intensive

## Tuesday 5 – Saturday 9 October

### BOOKING FORM

Email both pages to [admin@legsonthewall.com.au](mailto:admin@legsonthewall.com.au)

or fax to 02 9560 9773

or post to Legs on the Wall, 91 Canal Road, Lilyfield NSW 2040.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Please include me on your email list**

Please fill out the following skills assessment so we can provide your tutors with an idea of your skill level.

**Skills :** (please tick) 1. Beginner 2. Intermediate 3. Advanced

Aerials	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	Flying/wall	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
Clowning	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	Hula	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
Tumbling	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	Rope skills	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
Handstands	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	Adagio	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
Pole	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>				

### Conditions

Although a range of skill levels will be catered for, all participants in the Training Intensive are required to be over 18, have advanced levels of fitness, and be prepared each day for strenuous physical activity.

Sessions may have a fixed minimum and maximum number of participants, which will be determined by Legs based on skill levels and safety. Because of this, Legs reserves the right to alter or amend sessions as required. Places in classes will be allocated on a first in basis.

**Please tick this box to acknowledge you have read and accept these conditions.**

# BOOKING FORM CONT.

**Please tick:**

**I would like to attend the full training intensive**  \$500

Full week registration includes all sessions, including Masterclasses if desired.

Please indicate if you wish to apply for a Masterclass.

(NOTE: if selected, you must attend ALL Masterclass sessions)

Masterclass Clowning

Masterclass Aerial

**OR**

**I will attend for part of the training intensive**

1 Full day (date \_\_\_\_\_)  \$140

1 Half day (date \_\_\_\_\_)  \$70

Block of 5 classes (except Wall Int/Adv)  \$120

> Name of classes (eg. 5 x pole classes) \_\_\_\_\_

Wall Int/Adv only (5 days)  \$250

**OR**

**I would like to attend a Masterclass only**

Clowning Masterclass (5 afternoons)  \$250

Aerial Masterclass (5 mornings)  \$250

**Please contact us if you wish to enquire about attending multiple days. Places may be available, subject to availability. Separate prices apply.**

## **PAYMENT DETAILS**

**CREDIT CARD** (Please tick): \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD

NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EXP: \_\_\_\_ / \_\_\_\_

SIGNATURE (if by email write 'by email'):

## **ELECTRONIC TRANSFER**

By electronic bank transfer to the following account:

Account name Legs on the Wall Inc

BSB number 062-255

Account number 10002249

Reference Intensive and your surname

***This is vital so we can track your payment***