

REQUEST TO CHANGE ENROLMENT IN CLASS

U3A MANNINGHAM
 The Pines Learning & Activity Centre
 2/520 Blackburn Road
 DONCASTER EAST 3109

Please place this form in Enrolment Box
CHANGE OF ADDRESS

PLEASE PRINT IN BLOCK LETTERS

Name: _____

Phone No.: _____ Date: _____

CLASSES I WISH TO WITHDRAW FROM:

Office Use Only

CODE	CLASS TITLE	DAY & TIME	COMP	TUTOR	CLASS LIST

ADDITIONAL CLASSES I WISH TO ATTEND:

IF YOU ARE REQUESTING ADDITIONAL CLASSES, A STAMPED SELF -
 ADDRESSED ENVELOPE MUST BE ATTACHED

Office Use Only

CODE	CLASS TITLE	DAY & TIME	E/W	TUTOR	CLASS LIST

After completing this form, please hand it in to U3A Office or post it to
 the address at the top of this form.

Office Staff: Please place this form in Enrolment Box

NAME: _____

NEW ADDRESS:

NEW PHONE NO: _____

NEW EMAIL: _____