



Email: karin@theartofmakeup.co.za
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Tel: 082 584 2819

10 DAY BRIDAL, FASHION & PHOTOGRAPHIC MAKE-UP

Student's Full Names:

Name to appear on certificate:

Postal Address: Code:

Residential Address:

.....Code:

Tel No: (H) (Cell)

Email:

I.D No: D.O.B: Age:

Home Language:

Qualifications (Level of Schooling):

Medical History:

.....
(Mention any serious or chronic illness e.g. Asthma, Epilepsy, Heart, Lungs, Back or
feet problems, learning disabilities, sight or hearing problems)

DETAILS OF PARENT / GUARDIAN

Full Names:

I.D No.:

Residential Address:

.....Code:

Tel No: (H) (Cell)

Email:

Employer:

Employer Address:

Tel No: (W) (Cell)

(H)

DETAILS OF PERSON RESPONSIBLE FOR FEES (Same as above) yes / no

Full Names:

I.D No.:

Residential Address:

.....Code:

Tel No: (H) (Cell)

Email:

Employer:

Employer Address:

Tel No: (W) (Cell)

(H)

CONTRACT:

LEARNER'S NAME:

Accepted on the following conditions:

COURSE :

10 DAY BRIDAL, FASHION & PHOTOGRAPHIC MAKE-UP

DURATION:

10 full days, three days a week, 9:30am to 4pm (Monday, Wednesday & Friday)

Commencing 29/10/2018 till 19/11/2018

VENUE:

George, Western Cape

COST:

R12 500 (Incl. professional makeup kit valued at R9000, make-up case, make-up brush set, training material & certificate)

R3500 deposit payable upon enrolment, balance of R9000 payable at least two weeks prior to course commencement (no later than 15/10/2018)

Closing date for enrolments 15/10/2018

Fees to be paid via eft to:

Account Holder: The Art of Make-up

FNB Cheque Account Number: 62442667 228

Bank Code: 250655

Please email proof of payment to: karin@theartofmakeup.co.za along with copies of enrolment documents.

Original documents to be handed in on the first day of class.

I, (student full names) and

..... (Parent/Guardian full names)

have read and understood the terms and conditions as set out in the above contract.

Signed this day of (yr)

.....
Learner

.....
Parent / Guardian