



Ph:026684409 Mob:0423583886  
[jain@jainmathemagics.com](mailto:jain@jainmathemagics.com)  
[www.jainmathemagics.com](http://www.jainmathemagics.com)

# REGISTRATION FORM

**YES, I would like to REGISTER for a  
 JAIN MATHEMAGICS DAY SEMINARS  
 FOR TEENS, JUNIORS & ADULTS:**

**4 Saturdays in March, 2012**

\$70 for Teen or Parent or \$140 for an Adult non-parent. 30 page workbook included.

**Venue:** Shearwater Steiner School, Left Bank Rd

- Vedic Mathematics on Saturday 10<sup>th</sup> March**
- Mathemagics For Juniors on Saturday 17<sup>th</sup> March**
- The Divine Proportion on Saturday 24<sup>th</sup> March**
- 3-Dimensional Geometry on Saturday 31<sup>st</sup> March**

**Name of Student(s):** ..... **Age of Student(s):**.....

**Name of Parent/s:** .....

**Home Phone:** ..... **Mobile:** .....

**Email:** .....

**Home Address:** .....

**Name Of School that you are attending**.....

**Method of Payment:**

**Cash**.....  **Cheque**.....  **Paypal**.....

**Direct Dep**..... Please make payment to the non-profit organization:

Jain F.R.E.E.D.O.M.S BSB 032-573 ACC# 171 268

**Credit Card:**  **MasterCard**  **VisaCard**  **Amex**

**Name on Card:** ..... **Amount:** .....

**Numbers on Card:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Exp Date** \_\_\_\_ / \_\_\_\_

**WAIVER FORM** to be signed: I declare that I am responsible for myself and my child in the event of any accident during this course, on or off these premises, and have no legal recourse upon Jain.

.....  
**Signed By**

.....  
**Dated**