

# ACE TARANAKI

adult & community education

Full Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ hm \_\_\_\_\_ wk

*For Tertiary Education Commission statistics only*

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Please Circle:

16 - 19

20 - 29

30 - 39

40 - 49

50 - 59

60+

| Course Code | Course Name | Fee Enclosed |
|-------------|-------------|--------------|
|             |             |              |
|             |             |              |
|             |             |              |
|             |             |              |

## Enrol Now!

**Office use only:**

Receipt No.: \_\_\_\_\_ Signature: \_\_\_\_\_