

WORKSHOP BOOKING FORM

Please download and complete this form, and post it with your cheque or money order to:

Alpaca Magic, 2771 Sutton Road, Sutton NSW 2620 Ph 62303311 glynda@alpacamagic.com.au

If the workshop/class you wish to attend isn't listed here and/or isn't on the calendar, or the date listed isn't suitable, please go back to the workshop page and complete the EXPRESSION OF INTEREST form.

Please enroll me in the workshop:

FIBRE CRAFTS

- | | | |
|--------------------------|---|---------------------------|
| <input type="checkbox"/> | Needle Felt Your Own Llama (or Alpaca) | (fee \$95 inc materials) |
| <input type="checkbox"/> | Introduction to Felting with Alpaca Fibre | (fee \$115 inc materials) |
| <input type="checkbox"/> | Spinning – series of 3 classes | (fee \$165 inc materials) |

LIVESTOCK

- | | | |
|--------------------------|--|-----------------------------|
| <input type="checkbox"/> | Alpacas and Llamas for Fun and Profit | (fee \$95) |
| <input type="checkbox"/> | Magic of Donkeys | (fee \$95) |
| <input type="checkbox"/> | Farm Tour (1.5 hours) | (fee \$30 ea) min \$120 |
| <input type="checkbox"/> | Farm Tour (2 hours) | (fee \$35 ea) min \$140 |
| <input type="checkbox"/> | Farm Tour (3 hours) | (fee \$50 ea) min \$200 |
| <input type="checkbox"/> | Llama Experience including a 1 hour walk | (fee depends on group size) |
| <input type="checkbox"/> | Breakfast with the Alpacas | (fee \$25 ea) |
| <input type="checkbox"/> | Twilight with the Alpacas | (fee \$25 ea) |
| <input type="checkbox"/> | Llamas in the Mist | (fee \$25 ea) |

I have made a direct debit to the account of

G. Bluhm BSB 815000 A/c 3008882 for the amount of \$ _____

Include in your "Details" Field: your Name, Workshop Name & Workshop date, so I know who made the payment and what the payment is for.

In order to have your payment allocated to this workshop, you must email the *electronic receipt* to me at glynda@alpacamagic.com.au

OR I enclose my cheque/money order \$ _____

For the workshop on (date)_____ Number of attendees_____

Name_____ Ph: (H) _____ (Mob) _____

Email address _____(please print this so I can read it)

Address _____ Post Code_____

Signature_____