



**Hamilton SeniorNet Inc.**

**Course Application Form**

**Please enroll me in the following course (each course will require a new form)**

Course Name:

Date Required .From.....to.....

**(PLEASE REFER TO CLASS TIMETABLE)**

Start Time:\_\_\_\_\_ am/pm

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

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

Telephone:\_\_\_\_\_

**Course Fee \$ \_\_\_\_\_ enclosed**

(Cheques made payable to **Hamilton SeniorNet Inc.**)

**Please circle if you have either: XP, Vista, Windows 7, Apple Mac  
Word program: Word pad, Word 2003, Word 2007, Word 2010**

**YOU WILL BE ADVISED BY THE TUTOR CO-ORDINATOR  
OF YOUR ACCEPTANCE TO THIS COURSE BEFORE YOU ATTEND**

Send to: **Noel Gillard**  
**4/3 Admiral Crescent Flagstaff**  
**Hamilton 3210**  
**Phone 854 0829**

**Please tick if you need a receipt**