

Raymond's BBQ Gourmet Barbeque Courses

Please register me for a barbeque course.

Name (*please print clearly*): _____

Address: _____

Contact Phone Number: _____ Email: _____

Course Number: _____ Course Date: _____

Course Venue: _____

(*please tick appropriate box*)

Complete Course ☐ Elementary Course ☐

Full payment of \$_____ enclosed by: Cheque ☐ Cash ☐ Credit Card ☐

Credit Card details:

Type: Visa ☐ MasterCard ☐

Card Number: _____

Expiry Date: _____

Name: _____

Please use one registration form per person, and post to:

BBQ Gourmet
PO Box 8236, Havelock North, 4157