

## **PAYMENT INSTRUCTIONS:**

### **Clinic fees are:**

- \$70 per participant
- \$65 for siblings

*Therefore*    2 siblings \$135  
                  3 siblings \$ 200  
                  4 Siblings \$ 265

### **Preferred method of payment:**

**Paypal:** follow the link after submitting booking form and pay via paypal by a bank transfer, credit card or debit card.

**Direct deposit** - either via Internet/Phone banking or at any Commonwealth Bank Branch. (Please **reference** the payment with the participant's surname)

### **Direct Debit Payment Instructions:**

**Direct Deposits** to be paid as follows:

**Account Name:** Corletto Sports

**BSB No:** 063 494

**Account Number:** 1026 7658

**Reference:** Please include 'Participant Name' as payment reference