

POSTAL ENROLMENT FORM

Please print your name and address in **BLOCK CAPITALS**. Please enclose cheque/bank draft/PO payable to "Moate Community School".

Completed application forms must be sent to **Adult Education Night Class, Moate Business College, Lake Road, Moate, Co Westmeath.**

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

Day: \_\_\_\_\_

Payment enclosed for € \_\_\_\_\_

2<sup>nd</sup> Course Choice: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Mobile No: \_\_\_\_\_

Home No: \_\_\_\_\_

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

Office Use Only:

Transaction ID: \_\_\_\_\_



T: 090 64 81178

E: [info@moatebc.com](mailto:info@moatebc.com)

A: Lake Rd, Moate, Co, Westmeath

[www.moatebusinesscollege.com](http://www.moatebusinesscollege.com)   