

Shaker Booking Form



PERSONAL DETAILS:

Where did you hear about Shaker? :

Title: (Mr/Mrs/Miss/Ms/Dr) M/F: Cape Town or Johannesburg:

First Name:Surname:

Address:

.....Postal/zip code:

Direct telephone number: Mobile No:

E-mail: D.O.B: D.D/M.M/Y.Y.Y.Y

INDIVIDUAL COURSES:

CAPE TOWN

JHB

<input type="checkbox"/> Cocktail Masterclass for 1	[]	[]
<input type="checkbox"/> Cocktail Masterclass for 2 or more	[]	[]
<input type="checkbox"/> Essential Bar Skills (EBS) - 2 days	[]	[]
<input type="checkbox"/> International Bartenders Course (IBC) – 5 days	[]	[]
<input type="checkbox"/> Advanced Bartenders Course – 5 days	[]	[]
<input type="checkbox"/> Molecular Mixology – 1 day	[]	[]
<input type="checkbox"/> Intermediate Flair Course (IFC) – 5 days	[]	[]
<input type="checkbox"/> Silver Package - 10 days	[]	[]
<input type="checkbox"/> Gold Package – 10 days	[]	[]
<input type="checkbox"/> Platinum Package - 15 days	[]	[]
<input type="checkbox"/> Master Bartender Package – 16 days	[]	[]

Once you have chosen the course/package you require, enter the course title and dates you wish to add:

Course/Package Title: Dates:

METHOD OF PAYMENT:

I enclose a non-refundable deposit of R1,000.00 [] or FULL course amount []

**PLEASE SEND YOUR BOOKING CONFIRMATION TO OUR CAPE TOWN OFFICE
FAX: 0866 942 828 OR EMAIL: INFO@SHAKER.CO.ZA TO SECURE YOUR SPOT.**

Account name: CShell 213 Pty Ltd t/a Shaker SA
ABSA Bank, Seapoint Branch (632 005)
Account number: 406 4022 793
Swift code: ABSAZAJJ

Please call the office if you'd like to pay via credit card

Reference number: Your name and surname

