

The Alliance Française de Hobart
 30 Church Street, North Hobart. 7000.
www.afhobart.org.au/Postal address below



Alliance Française de Hobart Inc.

Name: _____

Postcode: _____ Phone _____

Email address: _____

Class CEFR level	Day and Time	Dates	Tutor	Fees	Tick <input type="checkbox"/>
Continuers 2 A.1	Wednesday 5:30 - 7:30 pm	Aug 24 - Oct 5	Eloise Hakin	\$230	<input type="checkbox"/>
Continuers 3 A1.1	Tuesday 5:30 - 7:30 pm	Aug 16 - Sept 27	Jane Pollard	\$230	<input type="checkbox"/>
Continuers 3 A1.1	Thursday 5:30 - 7:30 pm	Aug 25 - Oct 6	Jan Perkins	\$230	<input type="checkbox"/>
Continuers 6 A1.2	Wednesday 5:30 - 7:30 pm	Aug 24 - Oct 5	Jan Perkins	\$230	<input type="checkbox"/>
Continuers 9 A2.1	Tuesday 5:30 - 7:30 pm	Aug 16 - Sept 27	Kate Neasey	\$230	<input type="checkbox"/>
Consolidation	Monday 5:30 - 7:30 pm	Aug 22 - Oct 3	Jane Pollard	\$230	<input type="checkbox"/>
Advanced Intermediate B2.1	Thursday 5:30 - 7:30 pm	Aug 25 - Oct 6	Eloise Hakin	\$230	<input type="checkbox"/>
Conversation A2	Thursday 10:00 - 11:30 am	Aug 18 - Sept 29	Julien Scheffer	\$170	<input type="checkbox"/>
Conversation B1-C1(free flowing conversation)	Thursday 11:30am - 1:00 pm	Aug 18 - Sept 29	Julien Scheffer	\$170	<input type="checkbox"/>
French for Travellers	Saturday 10:00 am - 12:00	Aug 13 - Sept 17	Robert Hughes	\$170	<input type="checkbox"/>

**Minimum of 5 students to have a class proceed. Please ensure you have enrolled prior to the Friday of your class session commencing.
 Text books extra for \$80- on sale at the time of the first lesson**

All classes held at the Alliance House 30 Church St. North Hobart

All students must prove they are at least double vaccinated before commencing a class.

This enrolment form should be sent to: Class Coordinator Alliance Française de Hobart, 39 Loatta Rd. Lindisfarne 7015
OR Payment by electronic transfer

Name: Alliance Française de Hobart INC. BANK : MYSTATE BSB: 807-009 ACCOUNT NO. 12122945

Please use your SURNAME to allow acknowledgment of payment

**After payment by EFT please scan the completed enrolment form and send to me at
caroline.jackson@lambertschool.tas.edu.au**

Signature _____

Date _____