

Mt Claremont Community Centre

Year 4*, 5 & 6 Debating Classes 2020

Wednesday 4.00-5.00 pm Hakea Room
Mt Claremont Community Centre
105 Montgomery Ave Mt Claremont

Dates: Feb 12, 19, 24 Mar 4, 11, 19, 24 Apr 1

We start in Week 2 and accept enrolments until Week 4.

We are building the skills for team work, confidence, research, Public speaking, thinking/reflection, and writing.
Students need to do this themselves to learn.
It's the journey which will build the skills not the results.

Cost: \$150 Payment can be made by EFT, Credit Card, cash or cheque
9 sessions

Easy Steps to Debating Handbook

In-house Debate in Week 10 or 11

Enrolment form required for new students

Lesli Grant e: lesli@iinet.net.au

M: 0403 266 374. 14 Grigg Place Hilton WA 6163

Our website will show the Debate Night schedule in Week 9

www.debating.net.au

*Year 4 Students may attend a trial lesson to see if they are ready



Term 1 Key skills and In-house Debate

Term 2 Continuing skills, Small Inter-school Debate

Term 3 Large Inter-school Debate with Medallion Awards

Term 4 Continuing skill building, induct Year 4 or other new students.

Keep a copy of this form for future reference.

GOZONE Debating Tax Invoice 2020

ABN: 30514242656

Enrolment: Please bring this form to the first class you attend or forward to
lesli@debating.net.au Contact details are needed for duty of care immediately

_____Term by Term \$150 If you pay by credit card, the fees are deducted on a term by term basis. First payment 1 week after submitting form, (Week 2 or 3)

_____EFT payment to: Lesli Grant Westpac Cannington

BSB 036067 Account: 47-2576 Please note school and parent/student name

Credit card payment: We can accept Visa or Mastercard only

Name on credit card _____

Card # _____ Expiry ____/____

Signature _____

CASH _____ Cheque _____ A receipt will be issued.

_____Term 1 _____Term 2 _____Term 3 _____Term 4 _____

Please make cheques payable to **GOZONE Debating or Lesli Grant**

Place cash in an envelope and seal. Address it to GOZONE Debating with your name, address, student name and school.

Student name: _____ Parent email _____

Parents name _____

Contact phone _____ Mobile _____

Postal address: _____ Postcode _____

Special needs to be aware of? EG. allergies, Epipen? _____
