



EASTER 2012 BOOKING FORM

Name:	
Age:	Date of birth:
Boy / Girl:	
School:	
Medical / Allergy information (indoor & outdoor):	
How did you hear about us?	
Name of parent / guardian:	
Home address:	
Contact telephone:	
Emergency contact telephone:	
Email:	

TICK DATES ATTENDING & CIRCLE TO INDICATE REQUIRED PICK-UP: 'AM' (9-10am) 'PM' (3-4pm) OR 'NO' (NEITHER)

APRIL 2012

Mon 2nd

<input type="checkbox"/>	AM
<input type="checkbox"/>	PM
<input type="checkbox"/>	NO

Tue 3rd

<input type="checkbox"/>	AM
<input type="checkbox"/>	PM
<input type="checkbox"/>	NO

Wed 4th

<input type="checkbox"/>	AM
<input type="checkbox"/>	PM
<input type="checkbox"/>	NO

Thu 5th

<input type="checkbox"/>	AM
<input type="checkbox"/>	PM
<input type="checkbox"/>	NO

Tue 10th

<input type="checkbox"/>	AM
<input type="checkbox"/>	PM
<input type="checkbox"/>	NO

Wed 11th

<input type="checkbox"/>	AM
<input type="checkbox"/>	PM
<input type="checkbox"/>	NO

Thu 12th

<input type="checkbox"/>	AM
<input type="checkbox"/>	PM
<input type="checkbox"/>	NO

Fri 13th

<input type="checkbox"/>	AM
<input type="checkbox"/>	PM
<input type="checkbox"/>	NO

Please tick box if you **don't** want your child photographed for future marketing material.

I confirm I have read and understood all terms and conditions.

Signature:

Date:

Cheques should be made payable to **The Arts Experience Ltd** and sent with this form to:
119 Windmill Lane, Bushey Heath, Herts, WD23 1NE