Summer 09 Booking Form

Name

Age DOB

Boy / Girl

School

Medical / Allergy information (indoor & outdoor)

How did you hear about us?

Name of parent / guardian:

Home address

Contact telephone

Emergency contact no.

Email

Workshop 1 (please tick relevant box) - 27th to 31st July

Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐

Workshop 2 (please tick relevant box) - 17th to 21st August

Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐

Workshop 3 (please tick relevant box) - 24th to 28th August

Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐

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

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

Signature Date

Cheques should be made payable to **Highgate School of Dance & Drama Ltd**
and sent with this form to: **119 Windmill Lane, Bushey Heath, Herts, WD23 1NE**