

BOOKING FORM

Name of Child(ren):	Date of Birth:
Address:	
Contact Telephone:	Home:
Mobile:	Work:

Has your child done the following before?	Drama classes?	Music Classes?	A Speaking Part in a Play?
The following people may collect my child:			
Contact Telephone:			

Does your child have a specific medical Condition, eg, asthma, or epilepsy?
Any allergies?

These Wednesdays are dates for the 2011-12 term (at 5pm):	14 th Dec.	11 th Jan.	18 th Jan.	25 th Jan.	1st Feb.	8 th Feb.	22 ⁿ d Feb.	29 th Feb.	7 th Mar ch	14 ^t h Ma rch	21 ^s t Ma rch	
Please X any weeks your child <i>cannot</i> attend:												
Are there any other days of the week could your child come, after school, for an hour & a half?			NB, break for Christmas holidays & half term.									

The performance will take place on the W/E after the last class:	Saturday 17 th March, 1 pm.	Sunday 18 th March, 1 pm.	Saturday 24 th March, 1 pm.	Sunday 25 th March, 1 pm.	(Depends on date of the last of the series of 10 classes)
Please indicate (X) your preferred date:					