

HOLIDAY WORKSHOP REGISTRATION FORM



Workshop date / /

Full name.....

Date of birth

Address

.....

.....Postcode

Tel no. (h)Tel no. (m)

Email

School

Parent /guardian details (for pupils 18 or under)

Full name.....

Date of birth

Address

.....

.....Postcode

Tel no. (h)Tel no. (m)

Email

Please note any other information you think we need to know about
ie. allergies, disabilities, asthma, medication etc.

.....

.....

I give permission for any photography and video to be taken
of myself/daughter/son for promotional use.

Signature

Date

Name

