



EASTER CAMP BOOKING FORM

MUSICAL THEATRE 8th – 12th APRIL 2013

PARENT'S NAME:

NAME OF CHILD/ CHILDREN:

.....
.....

ADDRESS:

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.....
.....

MOBILE TELEPHONE:

EMAIL:

I ENCLOSE PAYMENT OF £..... TO COVER THE COST OF MY CHILD/CHILDREN TO ATTEND THE ABOVE COURSE. I UNDERSTAND THAT REFUNDS WILL ONLY BE GIVEN IN THE UNLIKLEY EVENT THAT THE COURSE IS CANCELLED.

I AGREE/ DO NOT AGREE TO THE USE OF PHOTOGRAPHS INCLUDING MY CHILD/CHILDREN ON THE COMPANY WEB SITE:

SIGNED: **NAME:**

PLEASE POST YOUR BOOKING FORM AND PAYMENT MADE PAYABLE TO:

AZURE THEATRE SCHOOL, 21 GREYSTOKE DRIVE, RUISLIP, MIDDLESEX, HA4 7YL

CONFIRMATION WILL SENT OUT VIA EMAIL TWO WEEKS PRIOR TO THE EVENT