

actfirst DRAMA SUMMER SCHOOL

APPLICATION FORM - TO BE COMPLETED BY PARENTS/GUARDIANS

NAME OF PARENT/GUARDIAN _____

ADDRESS: _____

EMAIL ADDRESS: _____

TEL. NO: _____

EMERGENCY TEL. NOS: _____

NAME OF CHILD: _____

DATE OF BIRTH: _____

INTERESTS/HOBBIES: _____

HEALTH PROBLEMS (if any): _____

I found out about the Summer School from: _____

I would like to reserve a place on the 2017 Drama Summer School for 7-14 year olds: Monday 24th July to Friday 28th July, at St Francis de Sales Church Hall. 10.30am –3.30pm each day. £120 total cost.

I enclose a cheque for £120.00, made payable to J.K. KIRKE.*

Or - I have paid the total fees online*

*Please indicate chosen payment

I have read and accept the "conditions of inclusion on the course".

SIGNED: _____

DATE: _____

Please return this form to: J.K.Kirke
Actfirst Drama
12 Bye Ways, Twickenham
Middx. TW2 5JN