

5 DAYS OF SUMMER BOOKING FORM

Student Details

Surname _____ Name _____

Address _____

Postcode _____

Mobile _____ Home Tel _____

Email _____

D.O.B. _____ Gender Male Female

Current Academic School _____

Please state any previous Performing Arts training _____

Any Medical Condition/ Allergy we should be aware
of _____

Booking

I would like to book my child into the following workshops.

- Mon 27th July
- Tues 4th August
- Wed 12th August
- Thurs 20th August
- Fri 28th August

Payment

Please indicate your method of payment

- Cash
- Card
- Transfer

(Account Name: elev8dance Account Number: 13185369 Sort Code: 80-22-60)

Amount Paid £ _____ (£15 per day book 3 or more workshops receive
20% discount)

Consent

Parent/Guardian Signature _____

Date _____

Emergency Contact for the day _____

The workshops will be held at elev8dance, 22-28 Town Street, Horsforth
Drinks and snacks will be provided, please bring a packed lunch
Doors open at 9.30am workshop runs from 10-3.30pm
For more information contact
t. 0113 2585605 m. 07793 404187 e. elev8danceprincipals@gmail.com