



HOLIDAY SCHOOL Booking Form

February 2012 Half Term (Please Tick)

- Southbourne
 Fordingbridge

STUDENT'S NAME _____

AGE _____ DATE OF BIRTH _____

NAME OF PARENT/ GUARDIAN _____

ADDRESS _____

POSTCODE _____

HOME TELEPHONE _____

MOBILE _____

EMERGENCY CONTACT _____

PARENT E MAIL (please write clearly)

Is there any medical condition that you would like us to be aware of? _____

(please tick) I agree to images of the child named above being used on the Direct Theatre website/publicity information.

I enclosed a £10 deposit made payable to Direct Theatre - full payment is due on the first day of the Holiday School.

SIGNATURE: _____ DATE: _____

Please return to: Direct Theatre, 10 Beaufort Road,
Bournemouth, BH6 5AL

Contact info: julette@directtheatre.com or
01202 416 507

www.directtheatre.com