



## HOLIDAY SCHOOL Booking Form

June 2012 Half Term  
Southbourne - Midsummer Nights Dream

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*