

OCTOBER WORKSHOP

APPLICATION FORM FOR OCTOBER WORKSHOP

Please reserve a place at the dasevenoaks October Workshop. I enclose a cheque for £125, payable to "dasevenoaks".

Student Details

Student's name:.....

Date of Birth: Age:

School attended:

Home address:

Town: Post Code:.....

Home Tel:..... Mobile:.....

Email address (**essential**):.....

Emergency Contact Details

These details will be held in the strictest confidence

Name:.....

Relationship to Student:.....

Address:

Home Tel: Work Tel:.....

Mobile:..... Email:.....

Medical details

Please list below details of any medical conditions or allergy which we should be aware of:

.....
.....

*One form should be completed per student.
Confirmation of your booking will be sent by e mail.*

*Margie Rice, Holmoak, Oak Avenue, Sevenoaks, Kent, TN13 1PR
Telephone: 01732 469806*

