



THE DORSET
SCHOOL
OF ACTING

Course Booking Form

(for all Summer Schools/workshops/courses)

PLEASE USE BLOCK CAPITALS THROUGHOUT.

Patron: Dame Harriet Walter

DETAILS

EVENT TITLE (please write the name of the Summer School/workshop/course):

DATE (please write the date of the Summer School/workshop/course):

Name:

D.O.B:

Name of parents/guardians (if applicable):

Correspondence address (please notify us if this changes):

Postcode:

Home No:

Mobile No:

Email:

I do/do not permit my child to leave the premises during break times
(please delete as appropriate)

Medical conditions/information:

Emergency contact & number:

Payment & refunds:

All payments must be received 14 days prior to the commencement of the course. I understand that any cancellation made by anyone other than DSAYT will result in an administration fee which will be 40% of the full fee paid.

I would like to pay the following amount £-----

PLEASE MAKE ALL CHEQUES PAYABLE TO **DSAYT**.

Disclaimer:

I give permission for photographs to be taken of my child/children whilst at the The Dorset School of Acting and for these photos to be used in any advertising, displays and on the website.

Signed:
