

Please Specify Day : Friday or Saturday

Expressive Arts Theatre School

BOOKING FORM

Name: _____

Address: _____

e-mail: _____

Mobile No _____ Student's Mobile (if over 14 yrs old) _____

Date of Birth: _____

School attended: _____

Class in School this coming September: _____

Parents' Names _____

<i>As photos are occasionally used for promotional material, both in print and on our website, please let us know if you are happy for us to include your child in these images.</i>	Tick One
<i>YES, I am happy for images of my child to be included in promotional material.</i>	<input type="checkbox"/>
<i>NO, I do not want images of my child to be included in promotional material.</i>	<input type="checkbox"/>

PLEASE SPECIFY IF YOUR CHILD HAS ANY MEDICAL CONDITION/ THAT WE SHOULD BE AWARE OF:

Please complete form and return.

**Pearl Kiely
1, The Trossachs,
Clancy Strand,
Limerick**

087 673 9500