

registration form



Parent/guardian Title _____ First Name _____ Surname _____

Address _____

Postcode _____ E-mail _____

Telephone Mobile _____ Home _____

Please provide at least two

Other _____

How did you hear about us? _____

Child's name (1) _____ Date of birth ____/____/____

School _____ Year _____

Child's name (2) _____ Date of birth ____/____/____

School _____ Year _____

I wish to enrol my child for

Best Fri 16:30-19:30 Sat 10:00-13:00 Sat 13:30-16:30

First Class Sat 09:30-11:00 Sat 11:30-13:00 Sat 13:30-15:00

TheBYTE Fri 18:00 - 20:00

Best Academy 12 - 16 April 26-30 July 2 - 6 August 9 - 13 August

First Class Holiday 12 - 16 April 26-30 July 2 - 6 August 9 - 13 August

Shirt size (holiday courses only) 5 to 6 7 to 8 9 to 11 12 to 13 14 to 15 Other _____

Does your child have any medical conditions, special needs or other issues we should be aware of? (please continue overleaf if necessary)

Declaration

As Parent/Legal Guardian of _____ (child's full name) I have read and agree to Best Theatre Arts' Terms and Conditions. I declare that the information given in this application is complete and correct and register for a place for my child (ren) at the Best Theatre Arts activity/ies indicated above.

Signed

Print Name

Date

Please complete and return to:-
Liz Penny, Best Theatre Arts, PO Box 1205, Berkhamsted, HP4 3FZ..

Trial Date ____/____/____ (Best use only)

