

## REGISTRATION/MEDICAL FORM

### CHILD'S DETAILS:

Name:

Address:

Age:

School Year :

Telephone Number

### PARENT/CARER DETAILS

Name

Address (If different from above)

Telephone Number (Day)

(Evening)

(Mobile)

Email address:

Who will be collecting your child?

Contact details:

### PROJECT REGISTERING FOR: (Please indicate)

1. Workshop

2. Summer Project 2009

### MEDICAL DETAILS (Please fill in any medical condition or special need your child has, including allergies)

Please use this space to include any information which may help to ensure your child enjoys their involvement with *On With The Show*. (for example if they would like to be in the same group as a friend or if they are nervous or particularly keen about a certain aspect of the project)

### PAYMENT DETAILS:

Please send a cheque made out to On With The Show Productions to: Heather Aylward, 14 Hampden Way, Watford WD17 4SS.

Workshops - £30

SUMMER PROJECT: £165. Deposit of £50 is required to secure a place – this is non returnable—the balance is due by 1st July 2009 If you would prefer, a post dated cheque for the balance can be included with this form.

We welcome your comments.

If you feel that we can improve on previous summer projects please add your comments here.

WHERE DID YOU FIND OUT ABOUT THIS PROJECT