

VOCAL PERFORMANCE ACADEMY

Incorporating Music, Dance & Drama

BOOKING FORM

STUDENT NAME:

DATE of BIRTH if under 18 : DAY.....MTH.....YR.....

Current School: Current School Year:

CLASS / COURSE Start Date:

PARENT NAME (or Students Name if Over 18 years old):

ADDRESS: Line 1
Line 2
Line 3
Line 4

POST CODE:

Telephone Home: Mobile:

Any Other Emergency Contact Number(s)

E-mail Address:

Signature of Parent or Student if Over 18 years of age *

* By signing I confirm I have read and agree to the Vocal Performance Academy's Terms and Conditions regarding bookings

PLEASE MAKE CHEQUES PAYABLE TO " CATHERINE FRANCOISE "

PLEASE FIND ENCLOSED MY CHEQUE NUMBER TO THE VALUE £

BOOKING FORM AND PAYMENT TO BE SENT TO
Vocal Performance Academy
Juniper Cottage
8 South Park Crescent
Gerrards Cross
Buckinghamshire
SL9 8HJ

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