



EVOLUTION DANCE  
THEATRE WORKSHOPS

B O O K I N G F O R M

Name:				
Date of birth:	/	/		
Workshop: <i>please tick</i>	We Will Rock You Musical Theatre/Jazz		42 <sup>nd</sup> Street Tap	

Please state any relevant medical details:	
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Please provide details of 2 emergency contact details:

1.	Name:				
	Relationship to child/ young person:				
	Address:				
	Tel:	Home:		Mobile:	

2.	Name:				
	Relationship to child/ young person:				
	Address:				
	Tel:	Home:		Mobile:	

Completed forms can be handed in at the front desk of our studio, or emailed back to us at [enquiries@evolutiondanceweymouth.co.uk](mailto:enquiries@evolutiondanceweymouth.co.uk) Workshops will operate on a first come/first served basis due to restriction in numbers, all places confirmed upon receipt of payment

Payment can be accepted via cash, cheque (made payable to Miss R L Wells) or BACS

Ref: SurnameTHEATREWS

Account No: 82188319

Sort code: 60 23 35 Natwest Bank

ADMIN USE ONLY: Payment received \_\_\_\_\_ Date \_\_\_\_\_ Method: \_\_\_\_\_