



MUSICAL MANIA WORKSHOP BOOKING FORM

NAME(S): _____ AGE(S): _____

ADDRESS _____

POSTCODE: _____ EMAIL: _____

PHONE NUMBERS: _____ / _____

(Please supply all contact numbers we can reach you on during the workshop days in case of emergency)

DOES YOUR CHILD HAVE ANY CONDITIONS WE SHOULD BE AWARE OF? YES/NO (If yes, please give details below)

WEDNESDAY 30TH AUGUST & THURSDAY 1ST SEPTEMBER 2022

10am to 3pm ages 6 to 12yrs (10am-3pm) **£60**

10% SIBLING DISCOUNT OFF TOTAL: - £

TOTAL TO PAY: £

PAYMENT MUST BY RECEIVED AT TIME OF BOOKING

BANK TRANSFER DETAILS - STARLING BANK
NAME: ALISON LATCHFORD
ACC NO: 73895990
SORT CODE: 60-83-71
Please put the child's surname + MM as a
reference e.g. JonesMM

Please make cheques payable to: STARLIGHT STARS and email your completed booking form to starlightstars@mail.com

I would like to book my child/ren for the above workshop. I understand that refunds will not be made unless a weeks' notice is given to withdraw my child from the workshop.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

A confirmation letter will be emailed to you - Thank-you!