

# APPLICATION FORM **2019**

*NORTH WALES*



*Please complete in BLOCK CAPITALS.*

## STUDENT DETAILS

Surname..... Forename..... Sex *M / F*

Address.....

..... Postcode.....

Home Tel..... Mobile Tel.....

Email Address.....

Date of Birth..... Age (at time of course).....

Attended Summer School previously? *Yes / No* Year(s)

## PARENT OR GUARDIAN

Surname ..... Forename..... Sex *M / F*

Address.....

..... Postcode.....

Home Tel ..... Mobile Tel.....

Email address.....

Relationship to Student.....

## ALTERNATIVE EMERGENCY CONTACT **(must be completed)**

Surname..... Forename .....

Address.....

..... Postcode.....

Home Tel ..... Mobile Tel.....

Relationship to Student.....

## Which Workshop

### Age 8 -21 years

29<sup>th</sup> July -2<sup>nd</sup> August – 10-5pm

£195 (1<sup>st</sup> sibling)  £150 (2<sup>nd</sup>, 3<sup>rd</sup>... etc ) siblings

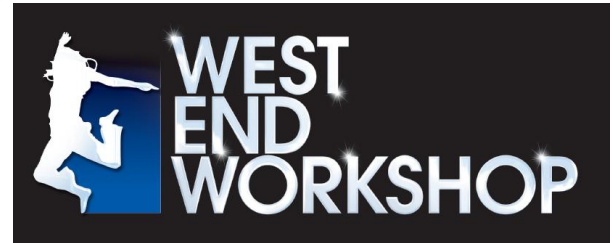
### Broadway Babies – Age 4-7

29<sup>th</sup> July -2<sup>nd</sup> August – 10-1pm

£95 (1<sup>st</sup> sibling)  £85 (2<sup>nd</sup>, 3<sup>rd</sup>... etc ) siblings

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## HOW DID YOU HEAR ABOUT THE WEST END WORKSHOPS?

## PLEASE GIVE BRIEF DETAILS OF ANY ARTS TRAINING OR EXPERIENCE TO DATE

*(State any performance experience: school, amateur or professional experience)*

## MEDICAL CONDITIONS/CIRCUMSTANCES OF WHICH THE SUMMER SCHOOL SHOULD BE AWARE?

Yes / No

Details

*(Any medical information provided is used only for the purpose of ensuring that appropriate arrangements are made to enable a student to participate in classes without danger to their health, and, in the event of a medical emergency, to be provided to the emergency services.)*

## DECLARATION BY PARENT / GUARDIAN

I \_\_\_\_\_ being the Parent/Legal Guardian of

declare that the information given in this form is correct. I understand that places are limited and are issued on a first-come basis, and that in the event that the course is over-subscribed my payment will be returned to me.

*I further agree to the Terms & Conditions as set out on the company website ([www.westendworkshop.com](http://www.westendworkshop.com))*

I enclose **FULL PAYMENT £195/DEPOSIT £50\*/Broadway Babies £95\*** (please circle) by cheque payable to West End Workshop.

Alternatively you can make a bank transfer to the below account using the student name as reference:

**Barclays Account Number -13860361 Sort – 20-90-69**

*Please return the completed form to: West End Workshop, 1 Cranbourn Alley, Leicester Square, London, WC2H 7AW*

***Please note all outstanding balances must be settled by July 1st 2019***

Signed

Date

*The personal data included in this form will be processed by West End Workshops for the purpose of administration only. All information provided will remain private and confidential.*

*\*£50 for each child required for deposit if members of the same family. \*sibling rate £85 for Broadway Babies for 2<sup>nd</sup>, 3<sup>rd</sup> ...etc*

***www.westendworkshop.co.uk***  
***info@westendworkshop.co.uk - 02078367947***