Footlights Theatre Workshop Re-enrolment Form

My Child/ren……(name) D.O.B……
Address……..

Currently attends Footlights Theatre Workshop and would like to enrol for the following class next term:

Day:	Time:

Term Dates:
Monday 5th January 2015 – Friday 27th March
Half term: w/c 16th February 2015
This is an 11 week term

Fees & Payment

Monday/Thurs/Friday Classes ages 7-10, 11-13 & 14-18: **£93.50** for the first child and **£89.48** for siblings.
Mini Footlights/Bridge Class (Thurs 3-4's & 4-6's) fees are **£77** and **£65.45** for siblings.

☐ I have paid by direct transfer on ……/……/…… (date) from an account in the name of …… Please use your child's name as your reference.

Account name: Nicola Woollard
Account : 19309750
Sort Code: 08-93-00

☐ I enclose a cheque for £……made payable to "Nicola Woollard"

☐ I acknowledge and confirm that I have read, understood and agree to the Terms and Conditions of Service published by Footlights Theatre Workshop overleaf.

Signed……(Parent/Guardian) Dated ……/……/……

Print name……Tel:……

Current email address: