

# Spelthorne Glee Club!



## Summer Performing Arts Workshop

- ☆ Monday 26 - Friday 30 July 2010
- ☆ 10am until 4pm
- ☆ Ages 8 to 16
- ☆ £50 each (for the week)

This year we are running our very own Glee Club for young people at **Leacroft Youth Centre, Staines, TW18 4NN**. Learn how to sing, act and dance by professional performers and teachers to a variety of popular songs ending with a performance for all your family and friends.

To book your place call Customer Services on **01784 451499** or e-mail [customer.services@spelthorne.gov.uk](mailto:customer.services@spelthorne.gov.uk) for more details.

[www.spelthorne.gov.uk/leisure](http://www.spelthorne.gov.uk/leisure)



# Booking form

Please print details clearly in black pen. Use one form per person and fasten securely any applications to be processed together.

## Participant's details

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Male or female: \_\_\_\_\_

School attended: \_\_\_\_\_

School year (last term): \_\_\_\_\_

## Special needs

We want to meet the needs of as many people as possible. Please make us aware of any special needs (behavioural or physical). This will not effect your application, and will be treated in the strictest confidence.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medical details

Give details of any medical conditions and/or medication taken that we need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## How to book a place

**By phone:** call Customer Services on **01784 451499** to book your place and make the payment.

**By post:** send this completed booking form with the payment to **Cashier Office, Spelthorne Borough Council, PO Box 290, Staines, TW18 1UX.**

There is limited availability and places will be allocated when payment is received on a first-come, first-served basis.

**Declaration:** • I have read and understood all the details about the activities • I consent to any emergency treatment necessary during the activities • I authorise Spelthorne Borough Council staff to sign any written consent required by the medical authorities, on my behalf • I agree that any medical details are complete and accurate in case of emergency • I agree to reimburse Spelthorne Borough Council for any damage or injury caused during the activities.

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Your details will be included on the Leisure Services database and you may receive publications or details of other activities that we feel may be of interest to you. Your details will not be shared with any third parties or used for any other purpose. If you would not like your details to be included on the database, please tick this box

Cash office code: 15002/4441

## Parent / Guardian details

Mr.  Mrs.  Ms.  Miss.

Other (please state) \_\_\_\_\_

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Home number: \_\_\_\_\_

Work number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Emergency contact details

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Refunds

In the event of a refund, please state who the cheque should be made payable to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Waiting list

Put me on the waiting list if no places are available (please tick if applicable).

## Face painting

Do you give permission for face paints to be used during these sessions? Yes  No

## Photography and video footage

Do you give permission for photography and video footage to be taken and used to promote similar activities? Yes  No

