



73 Thorne Road
 Doncaster
 DN1 2EX
 Tel: 01302 360330

SUMMER WORKSHOPS 2011 APPLICATION FORM

STUDENT DETAILS	
First Name:	
Surname:	
Date of Birth:	
Home Tele No:	
Mobile Tele No:	
E-mail address:	
(Please note that this is our preferred method of communication)	
PARENT OR GUARDIAN DETAILS	
Mr/Mrs/Ms/Miss	
First Name:	Surname:
Relationship to student(s):	
Address.....	
.....	
..... Postcode.....	
EMERGENCY CONTACT TELEPHONE NUMBERS	
First Contact Telephone Number	
Name:	Home:
Work:	Mobile:
Second Contact Telephone Number	
Name:	Home:
Work:	Mobile:
Please state if there are any medical condition or other circumstances of which Rainbow Connection should be aware of.	

During workshops we may wish to take photographs/videos of the students, please sign below if this is acceptable.

Signed PARENT/GUARDIAN

Printed Date.....

DECLARATION BY PARENT OR GUARDIAN

Please select the workshops you would like to book.

- Sunday July 17th - ENSEMBLE SINGING MASTERCLASS with STUART BARR **£50**
- Sunday August 7th - ACTING THROUGH SONG with STUART BARR **£50**
- Monday - Wednesday August 15-17th - GLEE & P & O with KIRSTY EDWARDS-LONGHURST & JERRY ROBINSON **£90**
- Monday August 22nd - MUSIC TECHNOLOGY DAY with PAUL MELLORS **£40**

TOTAL ENCLOSED WITH THIS FORM

The full amount must be paid at the time of booking and places are booked on a first come first served basis.

Cheques made payable to Rainbow Connection.

Please note that once payments have been made, these are non-refundable.

Name of Student

I understand that Rainbow Connection reserves the right to exclude students whose behaviour is disruptive. I also understand that my child should attend each day between the hours specified.

Signed..... Printed.....

PARENT/GUARDIAN

Rainbow Connection Productions Ltd will send you an acknowledgement upon receipt of this application and payment.