

CARNIVAL 2008 BOOKING FORM

PARENT/GUARDIAN

NAME ADDRESS PHONE
 MOBILE

EMAIL

(YOU WILL RECEIVE RECEIPT FOR PAYMENT AND BOOKING CONFIRMATION BY EMAIL OR PHONE UNLESS OTHERWISE REQUESTED)

CHILD'S NAME	AGE	WORKSHOP	SNACK (50P)*	DATE(S)	TIMES	AMOUNT PAID
1.	Y / N	.....	.....	£ .....
2.	Y / N	.....	.....	£ .....
3.	Y / N	.....	.....	£ .....
4.	Y / N	.....	.....	£ .....
5.	Y / N	.....	.....	£ .....

*Snack provided is sugar free juice and fruit or a biscuit – 50p per workshop per child
 Please ensure you add this cost to the workshop cost and make payment accordingly

I ENCLOSE PAYMENT OF £
 (Please make cheques payable to Castlegate Arts Ltd)

Please provide details of any medical condition/allergy staff should be aware of

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EMERGENCY CONTACT DETAILS

NAME	RELATIONSHIP TO CHILD	HOME NUMBER	MOBILE NUMBER
1.
2.

I do / do not (please circle) give consent for centre staff to provide emergency aid to my child should the need arise

I do / do not (please circle) give consent for photographs to be taken whilst my child attends a workshop

I confirm that Castlegate Arts Ltd accepts no liability for valuables left on the premises whilst the above named child is attending a workshop. I confirm that I will make arrangements to collect my child within 15 minutes of the end of any session.

PLEASE RETURN COMPLETED FORMS TO: **ARTS CARNIVAL, ABERDEEN ARTS CENTRE, 33 KING STREET, ABERDEEN AB24 5AA**

Signed.....

Date.....