

International Summer School Application Form 2012

WEEK TWO 30th July – 4th August 2012

- * Dance Course
- * Musical Theatre Course
- *Please delete above as appropriate*

Surname _____ Forename _____

Address _____

Home Tel _____ Mother's Mob _____

Father's Mob _____ Student's Mob _____

Parents' Email _____

Date of Birth (dd/mm/yy) _____ Age _____ Male/Female _____

Height _____ ft _____ ins Weight _____ st _____ lbs

T'shirt (no additional charge) small medium large

ACCOMMODATION

I shall require the following accommodation (please tick clearly):-

Sunday – Friday inc. - 6 nights = £141.00

Monday – Friday inc. - 5 nights = £117.50

Please answer the following questions:-

Are you a vegetarian? Yes / No

Are you allergic to any animals? Yes / No

If yes, please specify _____

Do you have any medical conditions?

If yes, please specify _____

If you would like to share your accommodation with a particular friend, please check that they are agreeable and that you BOTH require the same evenings (if you list several friends we cannot guarantee that you will be able to share with all of them):-

Name of friend _____

Confirmation of your accommodation will be sent to you in writing and you will be required to settle the accommodation fees directly with the landlady.

TRAINING DETAILS

Name and address of present dance school _____

Subjects currently studied:

<i>Subject</i>	<i>Exam Board</i>	<i>Last Exam Taken</i>	<i>Result</i>	<i>Date</i>	<i>Current Working Level</i>
<i>Classical Ballet</i>	_____	_____	_____	_____	_____
<i>Modern Dance</i>	_____	_____	_____	_____	_____
<i>Jazz Dance</i>	_____	_____	_____	_____	_____
<i>Tap Dance</i>	_____	_____	_____	_____	_____
<i>Drama</i>	_____	_____	_____	_____	_____
<i>Singing</i>	_____	_____	_____	_____	_____

Signature of present dance teacher _____

Please state any other achievements (i.e. festivals, scholarships, professional experience)

If your son/daughter would like access to a locker, please ensure that he/she brings a padlock to the course.

I consent to my son/daughter attending the course, and confirm that my child will be 12+ years on or before commencement of the course and will be no older than 18.

I give/do not give (please delete as appropriate) permission for my son/daughter to leave the Studios at lunchtime.

I enclose a full-length photograph in practice clothes and a non-refundable deposit of £200 made payable to "Laine Theatre Arts".

The balance of £155 must be received by the College no later than 1st June 2012.

If you have to cancel your place for any reason Laine Theatre Arts will only be able to refund any monies paid if the Course is full and there is an application pending which can take your place. Cancellations must be made in writing to Virginia Walsh via email to virginiawalsh@laine-theatre-arts.co.uk . Receipt of your cancellation will be acknowledged via email.

By signing this form and allowing your child(ren) to attend classes at this College, you are agreeing that, from time to time, the College may take and use for marketing purposes photographs/videos of your child(ren). Any material used will exclude names.

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____