



Booking Form

Name of Parent or Carer:

Address

Contact Number(s)

Class Title (please circle choice)

Goals for Girls

Tennis

Street Theatre

Autumn Half-Term

Saturday Arts Club

Spring Half-Term

Pottery

Summer Half-Term

Class Dates & Times

Name(s) and Age(s) of Child(ren)

Special Needs

I enclose a cheque for the sum of £ _____

Please make cheques payable to: DAZU
and send to the address on page 14