

URBAN KREW HALF TERM DANCE CAMP

Request form

18th – 22nd February 2008

Parent / Guardian Details:

Title _____ First name _____ Surname _____

Address _____

Contact no Home _____ Work _____

Mobile _____ Other _____

Email address _____

Relationship to child / children named below _____

Child / Children's Details:

Last name	First name	Date of Birth	Gender

Please indicate which days you require your child to be present at The Urban Krew Dance Camp

	Monday	Tuesday	Wednesday	Thursday	Friday
WC 18 February					

Payment amount taken: _____ By whom _____

Payment made by CASH / CHEQUE / ONLINE
(cheques to be made payable to The Urban Krew and posted to 7 Kent Road, Winchmore Hill, N21 2JR)

How did you hear about The Urban Krew Dance Camp _____

Parent's signature _____

Name of person completing this form _____

Date _____

Tel: 07947 560 064 / 07947 559 982
info@urbankrew.co.uk ~ www.urbankrew.co.uk

