



LORNA TIMMS THEATRE ARTS Established 1960

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REGISTRATION FORM

Name of Pupil

Date of Birth/...../.....

Name of Parent or Guardian.....

Address

..... POSTCODE

Telephone Mobile.....

Email Address

Medical Conditions

Previous Dance/Drama Experience/exams etc if any

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How did you hear about Lorna Timms Theatre Arts?.....

I would like my DAUGHTER/SON to attend a TWO WEEK TRIAL LESSON at the following class/classes

VENUE	CLASS DAY & TIME
.....
.....
.....
.....

I have read and agree to the rules and conditions of the Lorna Timms Theatre Arts and will give half term's notice to withdraw from any class.

I HAVE ENCLOSED £5 for the TRIAL LESSONS. Cash or Cheque payable to Miss M.Timms

SIGNATURE OF PARENT/GUARDIAN

Return Form to Lorna Timms Theatre Arts, 13 The Fairway, Camberley, Surrey GU15 1EF