

Community Arts Event Booking Form

All bookings are subject to terms and conditions on our website

Please complete the booking form in **BLOCK CAPITALS** and return to us at address below.
NB: do not use Adobe Acrobat EchoSign to complete and save this form.

Student's name: _____

Contact telephone _____

(please put parent telephone number for Under 18 students)

Email (for course confirmation): _____

To be put on our mailing list for events and courses please tick box

Student's address: _____

_____ Postcode: _____

Course/Workshop/Event	Event Code	Start date		Price
TOTAL				

Choose payment method

Bank transfer (we'll email details)

Cheque*, enclosed with this form

*payee: **Maiden Erlegh Trust**, with event code & student's name on the reverse.

Please tick if you have 'access' needs:

How did you find out about this event? _____

Event details, cancellation policy etc. may be found on our website under [How to Book](#).

Community Arts, Maiden Erlegh School, Silverdale Road, Earley, Reading, RG6 7HS
 0118 9262467 (Reception), Mon-Fri 8am.-2pm, email: mescommunityarts@maidenerleghtrust.org
 We welcome Text Relay calls www.textrelay.org

For under 18s: Parent's/Guardian's Consent Form

Parents of all U18 applicants, including Maiden Erlegh students, should complete this section of the form which must be received by Community Arts at least **two days before** the day of the applicant's first attendance of the activity being booked.

In case of incident during the event following which we are unable to contact you, provide details of name and tel. of **an alternative adult**.

Child's School _____ Yr Group _____

Please provide information of anything, medical or otherwise, that might affect your child's or others' performance or safety during this event, or write 'none':

Parent's Consent Statement

I consent to the participation of my child (named above) in this event.
 I undertake to inform Community Arts and the staff in charge of the event of any changes in my child's fitness and in the information provided on this form, prior to the start and during the event.
 I agree to members of staff/tutor giving permission for my child to receive medical treatment in an emergency.
 I have ensured that my child understands that it is important for his/her safety and for the safety of others that any rules and any instructions given by the staff in charge are obeyed.
 I understand that photographs may be taken during the event and used by Community Arts though individual children will not be identified.

Signed: _____ Date: _____
 (Parent/Guardian)

PRINT NAME _____

Relationship to child: _____

www.maidenerleghschool.co.uk