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# Cantate Theatre School

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Home \_\_\_\_\_

Telephone Work \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

I would like to reserve a place on: (a £25 non returnable deposit is required)

Saturday Morning School \_\_\_\_\_

Workshop \_\_\_\_\_

Little Starlets Saturday Morning School \_\_\_\_\_

Little Starlets Workshop \_\_\_\_\_

I have read the terms and conditions and I accept them. I enclose a cheque for  
\_\_\_\_\_ made payable to 'Cantate'

SIGNED BY PARENT \_\_\_\_\_

DATE \_\_\_\_\_

Please send your completed form to the address above