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Email: email@cantatemusic.co.uk

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