

BREAKING ICE

The Fusion Dance Troupe

REGISTRATION FORM

For Dance Workshop:

Name of child	Age	Gender	Medical Notes

For Adult Workshop:

Name of Adult	Gender	Which Worksop?	Medical Notes

Name:
(if under 18, name of parent/guardian)

Address:
.....
.....

Post code:

Tel:

Email:

I enclose a cheque for £___ (payable to 'Seeta Haria')

WAIVER: I accept that Breaking Ice cannot be held responsible for the conduct or safety of the attendee and the loss or damage of personal belongings.

Signature:
(if under 18, signature of parent/guardian)

Print Name:

Date:

Send the completed form with your cheque to:
Breaking Ice, 257 Edgwarebury Lane, Edgware, Middlesex, HA8 8QL

FOR MORE INFORMATION
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workshop@breakingice.co.uk
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