

FREE ARTS SUMMER PROGRAMME



Name _____ Age _____ School year _____

Address _____

_____ Postcode _____

Email _____ Tel _____

Workshops – Please select **one week only**

Dance Week (26 to 30 July) Drama Week (2 to 6 Aug)

Puppetry Week (9 to 13 Aug)

Medical Information

Please detail below any relevant medical information including emotional, social and behavioural aspects, medications or allergies. If you wish to discuss this further please contact us.

In case of emergency

Name _____ Relationship (e.g. Mum) _____

Contact number _____

Media release

I, _____ (name) give my consent for _____ to be photographed, filmed or interviewed during these workshops. I understand that these images may be used by the Guernsey Arts Commission to publicise future events and as a record of the workshop.

Signed _____ Relationship _____

Confirm your interest by telephone on 749262. Please return your form to Laura Simpson at the address shown here. Your place will be secured on the receipt of your form and we will confirm your place by email.

Guernsey Arts Commission
Guernsey Information Centre
North Esplanade
St Peter Port
Guernsey GY1 2LQ

W: www.arts.gg E: info@arts.gg T: 01481 739747

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