

GH DANCE

CONTACT SHEET

Please complete in BLOCK CAPITALS and return
as soon as possible.

PUPILS NAME:.....

PUPILS DATE OF BIRTH: / /

PARENT/GUARDIAN'S NAME.....

PUPILS ADDRESS:.....

.....

.....

.....

.....

POSTCODE:.....

TELEPHONE NUMBER:.....

MOBLIE NUMBER:.....

EMAIL:.....

CONSENT TO USE PHOTOGRAPHS IN SOCIAL MEDIA/PRESS/ADVERTISING YES / NO

SIGNATURE OF PARENT / GUARDIAN.....

EMERGENCY CONTACTS

NAME:

RELATIONSHIP :

TELEPHONE NUMBER:

NAME:

RELATIONSHIP :

TELEPHONE NUMBER: