

**KATHARINE JENNINGS FINE ART
COURSE/WORKSHOP BOOKING FORM**

NAME :

ADDRESS :

TEL:

EMAIL:

NAME AND DATE OF COURSE YOU'D LIKE TO BOOK:

AMOUNT PAYABLE :

DATE PAID :

METHOD OF PAYMENT:

IF FOR CHILDREN :

NAMES AND AGES OF EACH CHILD:

ANY SPECIAL MEDICAL AND/OR DIETARY REQUIREMENTS? PLEASE GIVE DETAILS BELOW:

ALTERNATIVE EMERGENCY CONTACT DETAILS:

WOULD YOU LIKE TO BE ADDED TO THE MAILING LIST TO RECEIVE NOTIFICATION OF FURTHER COURSES OR WORKSHOPS? YES/NO

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