**Advance Booking is essential.** Please complete this booking form and return by email:

**H.Wood@trinitylaban.ac.uk** or post: **Trinity Laban Youth Dance Company Auditions, Learning and Participation (Dance), Trinity Laban Conservatoire of Music and Dance, Creekside, London, SE8 3DZ.**

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| **Please indicate which event you would like to attend**  |
| Open Evening Tuesday 05 June |  |
| Audition on Monday 25 June |  |
| Audition on Tuesday 26 June |  |

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| **Personal Details - Please complete each section clearly in black ink** |
|  Surname |  |  Forenames:  |  |
|  Date of Birth |  |  Age (on 01 Sep 2018) |  |  Gender |   |
|  Parent/Guardian Name  |  |
|  Permanent  (home) Address |  |
|  Postcode |  | London borough |   |  Home telephone |  |
| Student Email |  | Student Mobile |  |
|  Parent Mobile |  |  **Emergency Contact Information** |
|  Parent Email |  |  Name |  |
| School Name |  |  Telephone |  |
| School Year in September 2018 |  |  Preference  email |  |
|  |  |  |  |
| **Dance Experience:** Write about your dance experience, dance school/club you attend, dance projects you havetaken part in, dance qualifications you have obtained and what you enjoy about dance.  |
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| **Why do you want to become part of the Trinity Laban Youth Dance Company?** |
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| **How did you hear about the Trinity Laban Youth Dance Company Open Evening/Auditions?**  |
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| **I have read all the information provided and support my child’s application. I give permission for my child to attend the Trinity Laban Youth Dance Company Open Evening and/or Audition.** |
| Signed (Parent/Guardian) |  | Date |  |
| Signed (Student) |  | Date |  |
| **From time to time we may email you with information about upcoming courses that we believe you might be interested in. If you would like to receive these emails, please indicate below. You can unsubscribe at any time.** |
| Yes, I would like to receive emails [ ]  No, please don’t send me emails [ ]   |