



Brookmead Summer Project
Monday 28th July – Friday 1st August 2014

Please complete and return with payment to confirm your place:

Name of participant:	
Address:	
Contact Telephone Number/s:	
Email address:	
Age & Date of birth:	
School / College (if applicable):	
How did you hear about this project:	
Please provide details of medical conditions that we need to be aware of.	
Please provide name and number of emergency contact/s:	
Please sign below against each statement that you consent to:	
I consent for photographs and video to be used to record the process of the week, and the final performances*	
I consent for the participant to leave the project unaccompanied at the end of the day.	

Please enclose a cheque made payable to: 'Flametree Productions'
Or pay Bacs directly to Flametree. Sort: 402407 Acc:31563742

Signed: _____ Print Name: _____

Please send forms to 20 The Horseshoe, Hemel Hempstead, Herts. HP3 8QW, or hand into the school office.

*Video or still images may be used for future publicity, within our website, or printed materials. Young people will not be identified by name.