

# FOLLOW OUR SOCIAL MEDIA



Studio 79 Youth CIC

## BOOKING FORM

Please fill form and tick appropriate boxes

NAME OF CHILD:

AGE:

ADDRESS:

POSTCODE:

MEDICAL INFO:

EMAIL:

DIETARY REQUIREMENTS (crafts may contain food)

EMERGENCY CONTACT NAME:

NUMBER:

EARLY DROP OFF: (Please circle)  
**£2 extra YES / NO**

Payment: BANK TRANSFER  
**£**

Please tick if you do not wish for your child's photo to be taken/ used for any future promotional purposes.

Please return form to: [laura@studio79.co.uk](mailto:laura@studio79.co.uk)

To make payment Laura will send you relevant information