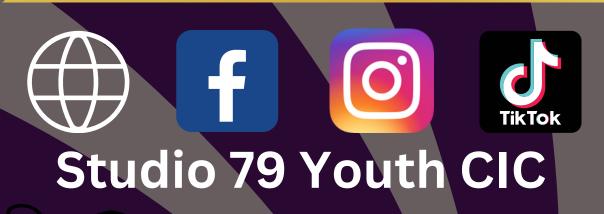
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BOOKING FORM

Please fill form and tick appropriate boxes

NAME OF CHILD:	AGE:
ADDRESS:	
POSTCODE:	
MEDICAL INFO:	
EMAIL:	
DIETARY REQUIREMETNTS (crafts may contain food)	
EMERGENCY CONTACT NAME:	
NUMBER:	
EARLY DROP OFF: (Please circle)	Payment: BANK TRANSFER
£2 extra YES / NO	£
Please tick if you do not wish for your child's	

Please return form to: laura@studio79.co.uk

To make payment Laura will send you relevant information

photo to be taken/ used for any future

promotional purposes.