

THEATRE WORKSHOP - BOOKING FORM

School details			
School name			
Phone		Address	
Town		Main Contact	
Main Contact Phone and email			
Headmaster		Phone	
Dates requested for the workshops (3 options)			
Students			
Total number of students attending			
Age range			
Project(s) you're interested in (required)			
<input type="checkbox"/> Kids <input type="checkbox"/> Students <input type="checkbox"/> Teachers <input type="checkbox"/> Business			
Theme(s) you're interested in (Kids)			
<input type="checkbox"/> Fairytales <input type="checkbox"/> Animals <input type="checkbox"/> Myths and Legends <input type="checkbox"/> Cartoons <input type="checkbox"/> King Arthur <input type="checkbox"/> Pirates <input type="checkbox"/> Easy-Peasy Shakespeare			
Theme(s) you're interested in (Students, Teachers or Businesses)			
<input type="checkbox"/> Shakespeare <input type="checkbox"/> Murder Mystery <input type="checkbox"/> Horror <input type="checkbox"/> Sci-Fi <input type="checkbox"/> British Literature <input type="checkbox"/> British History <input type="checkbox"/> America Literature <input type="checkbox"/> Ancient Greek and Roman (Classics)			
Duration			
<input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks <input type="checkbox"/> 3 weeks <input type="checkbox"/> 4 weeks or more			
Additional information			
Preferred dates			
Ages (if Kids or Students, otherwise leave blank)			
Approximate number of participants (required)			
Approximate level/s of English	<input type="checkbox"/> elementary <input type="checkbox"/> intermediate <input type="checkbox"/> high intermediate <input type="checkbox"/> advanced		
Specific requests			

To book you must complete and send this form to drama@galleryteachers.com at least two weeks before the event's full payment deadline. Proof of payment will be sent by email.

Signature of main contact: _____

Location and date: _____