

**LONDON STUDIO CENTRE
ADULT EVENING/JUNIOR SATURDAY PROGRAMMES REGISTRATION FORM**

STUDENT INFORMATION (please print)

SURNAME

FIRST NAME

MALE / FEMALE (delete as appropriate)

DATE OF BIRTH

ADDRESS

.....

POSTCODE

TELEPHONE (daytime)

MOBILE

EMAIL

Is there any known medical condition or allergy of which LSC should be informed for your safety (eg: asthma, epilepsy, diabetes, etc.)?

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Signature of student (or parent/guardian if under 16) (please delete)

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(Please print name)

Date:

If these classes are supplemental to your regular training, your teacher should sign below to indicate that you have permission to attend the London Studio Centre's Programme.

Signature of current teacher

(Please print name)

Date

**I WOULD LIKE TO REGISTER FOR THE FOLLOWING CLASSES:
(please indicate day of week and name of class)**

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I ENCLOSE A CHEQUE, PAYABLE TO THE LONDON STUDIO CENTRE



AMOUNT PAID £.....