

BOOKING FORM
DRAMATHERAPY WORKSHOPS
4 Day Intensive May 2020

NON RES-----RES;-Thurs-----Fri-----Sat-----Sun-----

NAME.....D.O.B.....

ADDRESS.....

.....TEL.....

E Mail -----

OCCUPATION.....

.....

TRAINING.....

.....

Previous (relevant)
Experience.....

.....

My interest in Dramatherapy is

Are you taking medication or receiving medical treatment of any kind?

Details.....

Dramatherapy Intensive 2020

.....
Please reserve me a place on the above workshop

Full Fee: £345 ----- /Deposit £50-----

Name.....

Address.....

.....Tel.....

.....

Email.....

Please make cheques out to R Perry or by BACS transfer to:

£----- Reference; Your NameDTINT20

Rachel C Perry

Lloyds

30-98-29

32380968

Receipt Required -----