

COTSWOLD STAGE SCHOOL

Complementary Taster Session

Taster Session Booking Form

Child's Name:	
Age:	
Date of Birth:	
Address:	
Medical: Conditions/ Allergies	

Contact Details for Day of Taster Session

Parent / Guardian:	
Email:	
Telephone:	
Additional Emergency Contact:	
Date:	
Print Name:	
Signature:	
How did you hear about us?	

Please bring this completed form with you to your child's taster session
or email in advance to cotswoldstageschool@gmail.com

Thank you and we look forward to seeing you at
COTSWOLD STAGE SCHOOL!

www.cotswoldstageschool.com