



PLEASE PAY £15 WITH YOUR STARZ  
NAME AS REFERENCE INTO THE BANK:  
**09-01-29, 13034614**

Name of Star: \_\_\_\_\_

Year at school for 2018/19: \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_

Please circle your workshop (Workshops run 10:30am-3:30pm) :

FIFE – Friday 12<sup>th</sup> October @ Studio 8, KY7 5ND

LIVINGSTON – Monday 22<sup>nd</sup> October @ Polbeth Church, EH55 8SH

Name of Parent/Guardian: \_\_\_\_\_

Has your star attended any of our workshops before? (circle)

Yes

No

How did you hear about our Mamma Mia Workshops?

\_\_\_\_\_

Does your star have any medical conditions/allergies we need to know about that may affect their participation?

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact No.: \_\_\_\_\_



I give permission  for my child to be filmed and photographed throughout the day and to be shown on Star Harmonies media pages.

Signed: \_\_\_\_\_ Dated: \_\_/\_\_/\_\_