**Summer Fusion Workshop**

**Monday 7 & Tuesday 8 August 2017**

*The 2 day workshop will include drama, dance and music (please bring instruments if you play anything), will be in Minehead (venue to be confirmed), and will run from 10 am until 4.30 pm on both days. Open to 9-18s, cost £30 per person for the 2 days, siblings half price.*

**Yes please!**

……………………………………………………………………………………………. (child’s name) would like to join the 2017 Fusion Summer Workshop

**School year in September: Date of birth:**

**Address:**

**If you play an instrument, what do you plan to bring?:**

**Email address** (this must not be the personal email /number of someone who is under 16 but rather a parent or guardian’s email):

**Parents’/Guardians’ name(s):**

If you are new to Fusion, **please complete the Information sheet below**, (or if you’re already a Fusion member and any of your details have changed). Thank you.

I enclose payment of £30 per child (cheques payable to ‘Fusion Young Performers’). *If we don’t have enough people to make the workshops viable, we’ll return your fees to you.*

Full name:

Signed: Date:

**Please return forms and payment by Monday 24 July to:**

**Mrs Lyn Fisher, Red Deer, Simonsbath, Somerset, TA24 7JY**

**Fusion Young Performers Information Sheet**

Thank you for supporting your son/daughter in joining Fusion Young Performers. Now for the all important information and permission bit!

We would be grateful if you could provide the following information. **PLEASE COMPLETE ALL SECTIONS.**

**Child’s Name:**

**Date of Birth:**

**Address:**

**Parents’/Guardians’ name(s):**

**Email address and phone number for main contact** (this must not be the personal email /number of someone who is under 16 but rather a parent or guardian’s email):

**Emergency contact number(s):**

**How will your son/daughter will be travelling home after rehearsals/workshops/events and, if applicable, who will pick them up?** (please list all who have permission to pick up your child):

*Please note that 16 and unders will not be allowed to walk home after rehearsals/events or go home with anyone else unless we have written permission.*

**Please give details of any known allergies or medical conditions that we should know about and any important information relating to this:**

**Doctors name and telephone number:**

**Please delete as appropriate:**

**I do/do not** give permission for your child to be photographed for the purposes of publicity for the group.

**I do/do not** have access to the Fusion Young Performers Facebook page (closed group). **If not please indicate the best way to relay information to you:**

**Any other information** that you think may be useful for us to know:

I confirm that the above information is correct to the best of my knowledge.

**Full name: Signed:**

**Date:**