



VENUE/CENTRE BOOKING FORM

Venue/Centre:

Address:

Postcode:

Contact Person:

Telephone No:

Email:

Time of Session:

Dates Required:

Workshop Style:

Street Dance

Afro-Caribbean

Contemporary

Modern Ballet

Urban Tap

Length of Session:

Half Day Workshop

Full Day Workshop

Evening Workshop

For Office use only:

Booked by: _____ Date: _____

Tutor: _____ Payment: _____