



Booking Form Creativity Works

www.creativityworks.org.uk admin@creativityworks.org.uk

Please complete a booking form for **each person for each activity** (You can photocopy this form as required or save further copies)

Name	Email	
Organisation	(where relevant)	
	Postcode	
Tal	F. n. cil	
	Email	
Activity Name & Date		
Cheque enclosed	□ £	
(Cheques payable to Creativity Works for Everyone Ltd) Please Invoice If address for invoice different to above, please state here		
Emergency Conta Details: (Name + Number)	act	
Please answer th	ne following questions:	(plagas sirals)
1 I have read and	understood the booking terms and conditions	(please circle) YES/NO
2. Do you consid (Please indicate h	er that you have any disability or any additional needs? now we can help)	YES/NO
3. Do you have any special dietary requirements (where relevant)?		
	ime to time, take photographs to be used in course promotion. your agreement or otherwise.	YES/NO
Signature	Date	