

# Booking Form

geminidance  
studios



**Gemini Dance**  
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Class – Day & Time		Date of Birth	
Name: (Please Print)			
Address: (Please Print)			
Home Telephone No:			
Mobile No:			
Email:			
Payment enclosed	£	Please make cheques payable to "C.Redfern"	Occupation
Please inform us of any Medical Issues that we need to know or be aware of.		No Issues:	Yes
			No
How/where did you hear about us?		<b>DATA PROTECTION – Only email addresses are kept on my computer, the information on this form is kept in a file. None of your information is kept in the studio. I DO NOT HAVE ANY BANK ACCOUNT DETAILS.</b>	

If you are unsure which course to attend please contact Chris at [credfern@macace.net](mailto:credfern@macace.net) or telephone 07748 428072