

BOOKING FORM

Name

Surname

Address

Postcode

Age

Date of Birth

Name of Parent/Carer/Guardian

Emergency contact number/s

IMPORTANT

Please let us know if your child is on any medication or has any condition of which we should be aware. Please continue on separate sheets if necessary. All information will be treated confidentially by the staff.

Are you willing for your child(ren) to have their photograph taken on site which may be used in news items/publicity? (Please tick)

Yes

No

Please indicate the workshop(s) you wish to attend:

Workshop name

Date

Workshop name

Date

Workshop name

Date

Workshop name

Date

Workshop name

Date

I enclose the amount of £

Please make cheques payable to "Watford Borough Council"

Limited places are available, advance booking is advised.

Please return this form to: **Watford Museum, 194 Lower High Street, Watford, WD17 2DT**

Data Protection Act 1998 The information you provide will be treated confidentially. We will not disclose personal information to anyone not directly involved in providing the service except where necessary to deal with an emergency involving the child/ren's welfare or where we are required to do so by law. You have the right to see the information you have provided and correct any inaccuracies.

Whilst every care is taken during the activity, neither Watford Borough Council nor its employees can accept any liability for injury or loss that may occur during these sessions