

CREATIVE WRITING BOOKING FORM

Please tick you	r choice of course, and	d fill in all details belov	V.	
□ Child □ Child	dren's / Teenage Cre	Day Halloween Work ative 7 week Writing week Writing Term - erm Skerries - €180	Term - €90	
 Date and Day course begins:				
				-
• Venue:_				
STUDENT NAM	E:		AGE:	
Parents/Guardia	an Names:			
	3:			
CONTACT PHO	NE NUMBER			
•	Parents' / Adult stude	ent's Mobile(s):		
*Please fill in an (for young stude		ı regarding medical cond	itions, home situations,	or other relevant details
	ow any additional adul to leave the building un	<i>ts</i> who are permitted to paccompanied.	pick-up your child after	class, or if your child
		ourse indicated above. *RE all fees are non refundable,		cancelled.
Signed:			Date:	