

STUDENT DETAILS FORM

Young at Art Limited Workshops and classes.



Name: _____

Email: _____

Home Telephone No. _____

Mobile Telephone No. _____

Home Address: _____

Please provide name and contact details of one other person we can contact should you not be available in case of emergency.

Name: _____ Contact No. _____

Please state if you have any medical conditions / allergies or any other information that you feel we should be aware of:

Where you heard about us: _____

Disclaimer:

I have sighted the premises where **Young at Art** takes place and feel confident that Young at Art is providing a safe environment with good emergency procedures.

I agree for my work to be photographed and used for promotional use or display.

Signature: _____

E. anna@youngatart.co.nz

W. www.youngatart.co.nz

M. [0297 712 923](tel:0297712923)