



BEE Junior Choir

Registration Form 2010



Full name of child(ren)	Date of birth

Parent/guardian name	
Postal address	
E-mail address	
Telephone number	

Emergency contact numbers in order of priority

Name and relationship to child	Telephone number(s)

Fees of 2,50€ per session will be billed at the end of term.

Date..... Signature.....

If your child has any medical condition or allergies please indicate these on the reverse of this sheet. Thank you.

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