

020 8245 1870 - BHM FAX BOOKING FORM - 020 8245 1870

CONTACT DETAILS

Name of organisation:

Address:

Contact Name: Position:

Tel No: Mobile:

E-mail:

Please complete the table below. Full day workshops must finish no later than 3.30pm and Half day workshops 12.30pm

WORKSHOP 1							
ACTIVITY	DURATION	DATE	TIME	GENDER	AGE	No. OF GROUPS	SEN
African Dance <input type="checkbox"/>	Half day	----/----/-----	Start of Day: (After 9am)	Girls <input type="checkbox"/>			Yes <input type="checkbox"/>
Soca Dance <input type="checkbox"/>	<input type="checkbox"/>		End of Day:	Boys <input type="checkbox"/>			No <input type="checkbox"/>
Storytelling <input type="checkbox"/>	Full day			Mixed <input type="checkbox"/>			
Drumming <input type="checkbox"/>							
Carnival option1 <input type="checkbox"/>							
Carnival option2 <input type="checkbox"/>							
WORKSHOP 2							
ACTIVITY	DURATION	DATE	TIME	GENDER	AGE	No. OF GROUPS	SEN
African Dance <input type="checkbox"/>	Half day	----/----/-----	Start of Day: (After 9am)	Girls <input type="checkbox"/>			Yes <input type="checkbox"/>
Soca Dance <input type="checkbox"/>	<input type="checkbox"/>		End of Day:	Boys <input type="checkbox"/>			No <input type="checkbox"/>
Storytelling <input type="checkbox"/>	Full day			Mixed <input type="checkbox"/>			
Drumming <input type="checkbox"/>							
Carnival option1 <input type="checkbox"/>							
Carnival option2 <input type="checkbox"/>							
WORKSHOP 3							
ACTIVITY	DURATION	DATE	TIME	GENDER	AGE	No. OF GROUPS	SEN
African Dance <input type="checkbox"/>	Half day	----/----/-----	Start of Day: (After 9am)	Girls <input type="checkbox"/>			Yes <input type="checkbox"/>
Soca Dance <input type="checkbox"/>	<input type="checkbox"/>		End of Day:	Boys <input type="checkbox"/>			No <input type="checkbox"/>
Storytelling <input type="checkbox"/>	Full day			Mixed <input type="checkbox"/>			
Drumming <input type="checkbox"/>							
Carnival option1 <input type="checkbox"/>							
Carnival option2 <input type="checkbox"/>							
WORKSHOP 4							
ACTIVITY	DURATION	DATE	TIME	GENDER	AGE	No. OF GROUPS	SEN
African Dance <input type="checkbox"/>	Half day	----/----/-----	Start of Day: (After 9am)	Girls <input type="checkbox"/>			Yes <input type="checkbox"/>
Soca Dance <input type="checkbox"/>	<input type="checkbox"/>		End of Day:	Boys <input type="checkbox"/>			No <input type="checkbox"/>
Storytelling <input type="checkbox"/>	Full day			Mixed <input type="checkbox"/>			
Drumming <input type="checkbox"/>							
Carnival option1 <input type="checkbox"/>							
Carnival option2 <input type="checkbox"/>							

A schedule showing the start and end time of each session must be submitted by you to MDD at least 5 days prior to the start of the workshop day.

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