

Dear Parent/Carer,

I would like to invite your Son/Daughter to sign up to the **Summer Term Boundless Dance Club** at **Trafalgar Junior School** Years 3-6. The club will run every **THURSDAY** from Thursday 30<sup>th</sup> April to Thursday 16<sup>th</sup> July 2020 3.15pm-4.30pm\* (excluding half term).

Either way, if your child is new to the Arts or has plenty of experience then please sign them up for a fun and enjoyable time with Boundless Dance. We aim to expand your child's knowledge through games, performance and having a great time! Comfortable clothing shall be required for the sessions and a bottle of water; some children also bring a before school snack to have after the class.

Places for this club will be allocated to those who return their form and payment the quickest. If you are not successful this time your name will be added to our reserve list and if a place becomes available during the term you will be contacted.

**PRICE:** The whole term is £66.00 (£6 per session).

**VENUE FOR CLASS:** The Main Hall. The children will meet Ellie in the Main Hall.

**COLLECTION:** Please collect your child from the Junior School Playground.

**TO BOOK:** Please complete the form and return by email ASAP; payment details can be found on the Registration Form.

Any questions please do ask.

Kind regards,



Lee Harvey Robinson (*Founder of Boundless*)

**INSTAGRAM:** BoundlessArts

**FACEBOOK:** facebook.com/BoundlessDanceCompany

★ (CHECK OUT OUR OTHER **BOUNDLESS** CLASSES ... **DRAMA, RHYTHMS and THEATRE.**

## TRAFALGAR JUNIOR SCHOOL – DANCE CLUB

My Son/Daughter wishes to sign up to the **SUMMER TERM** Boundless Dance Club every **THURSDAY** from 30<sup>th</sup> April to 16<sup>th</sup> July 2020 @ 3.15pm-4.30pm (excluding half term).

**PAYMENT:** I enclose payment of £66.00

Cash, Cheque (Mr L. Robinson) or, Bank Transfer: *Please email [info@boundlessdance.co.uk](mailto:info@boundlessdance.co.uk) for these details.*

NAME OF CHILD:		CLASS:	
EMERGENCY CONTACT NAME:		D.O.B OF CHILD:	
EMERGENCY CONTACT NUMBER:			
E-MAIL ADDRESS:			
MY CHILD WILL BE COLLECTED BY:			
MEDICAL DETAILS:	Please attach details if applicable.		
I GIVE PERMISSION FOR IMAGES/VIDEOS OF MY CHILD TO BE USED BY BOUNDLESS FOR PUBLICITY:			Yes / No
To review our Privacy Policy on how your data is used please visit our website and click our Terms & Conditions page.			
PARENTS NAME:			
SIGNED:			
DATE:			

*\*The Boundless Company asks that any person(s) wishing to cancel with Boundless must do so in writing. Upon receiving the document Boundless will act accordingly and if feasible offer a refund of any future classes that will not be attended. Please note this may take 48-72 hours to be sanctioned.*

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