

**BOOKING FORM**

Course Title	
Full Name	
Address	
Phone Number	
Occupation	
Age range you teach	
Have you attended Orff workshops before?	
Do you have any health/mobility issues that might affect your participation?	
Name and telephone no. of contact in case of emergency	
Do you give consent to being photographed or video recorded for in group sharing?	
Do you give consent to being photographed or video recorded for future use by the Orff Society?	
How did you hear about us?	