**CLASSICAL GREEK DANCE FACULTY**

**DAY OF DANCE**

**Sunday 13th December 2015**

# To be held at ISTD 2, 346 Old Street, London ECIV 9NQ

**APPLICATION FORM**

***CANDIDATE INFORMATION*** Name ………………………………...............

Address ………………………………............

………………………………..........................

Age on 13th December 2015………………

Standard Ballet/Greek ………………………

***TEACHER INFORMATION*** Teacher’s name………………………

School of Dance ……………………………

Teacher’s Address……………………………

………………………………..........................

TEL ………………………………..................

**TEACHER’S EMAIL ADDRESS ………………………………...........................**

***DISCLAIMER*** (this must be signed by the Parent or Guardian)

I sign below to give my consent for my son/daughter to take part in the above event.

I confirm that he/she is medically fit to take part.

I understand that the Classical Greek Dance Faculty can accept no responsibility or liability for the supervision of my child during this event apart from designated chaperoning times as detailed in teachers’ information.

Photographs of all performers will be taken throughout this event by experienced photographers. They may be used by the ISTD to publicise other Classical Greek Faculty events and to illustrate articles in various dance related magazines.

Current legislation requires that the parent or guardian of each candidate under 18 years of age give permission for their child to be included in any photograph taken during this event. NO Applications can be accepted without photographic permission.

Signed ………………………………...............................Date ……………

(Parent / Guardian)

I enclose a cheque for £15.00 (payable to Greek Dance Association).

**Please forward to Mrs Kay Ball, 5, Pine Way Close, East Grinstead West Sussex RH19 4JR**