



PINELANDS CREATIVE WORKSHOP

Willey Great House, Rock Close, St. Michael, Barbados, W.I.

Tel: (246) 430-0551 Fax: (246) 429-5358

Website: www.Pinelandscreativeworkshop.org

Email: Shelly@pinelandscreativeworkshop.org

Photo of child

Attach photo below

Photo of Parent/Guardian

Attach photo below

PARTICIPANT INFORMATION

Area of Interest: Afro Caribbean Dance Theatre Expression Djembe Drumming Vocal Development

Music – Flute / Trapset / Trumpet / Clarinet / Trumpet / Keyboard / Sax Music (Theory)

Other _____

Full Name: _____

Status: Married Single

Sex: Male Female Other

Date of Birth: _____ Age: _____ Nationality: _____

Address: _____

Telephone (Home): _____ (Work) _____

E-mail Address: _____

Name & address of Employer/School: _____

Profession: _____

Interests: _____

Special Skills: _____

Disabilities: _____

MEDICAL HISTORY (PARTICIPANT)

List any known ailments or allergies: _____

Special medications: _____

Doctor's name: _____ Tel#: _____

Address: _____

Contact person in cases of emergency: _____



Relation: _____ Tel#: _____

PARENT/GUARDIAN DETAILS

Mailing Address: _____

Contact Information (H): _____ (W) _____ © _____

E-mail Address: _____

Name & address of Employer: _____

Profession: _____

Interests: _____

Special Skills: _____

CONSENT SECTION

This section must be completed and signed by a parent / guardian for persons under the age of 18.

Name of Parent/Guardian: _____

Mailing Address: _____

Telephone (Home) _____ (Work) _____ (Cell) _____

I give consent for the applicant to become a member of the PINELANDS CREATIVE WORKSHOP.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Registration Date: _____

Approved Denied

Acceptance Date: _____

Registration Fee \$ _____ Term Fee \$ _____ Total Amount Paid: \$ _____

Balance: \$ _____ Receipt#: _____ Cash Cheque Cheque #: _____ Bank: _____

Official Signature: _____ Date: _____

