

**BURTON ART GALLERY AND MUSEUM
WORKSHOP APPLICATION FORM - ADULTS**

Personal Details

Name	
Address	
Postcode	
Telephone (home)	
Telephone (mobile)	
Email	

Next of kin or person to be contacted in an emergency

First name and family name	
Telephone	
Mobile	

Workshop/s Applied for

	Name of Workshop	Date of Workshop	Fee
1			
2			
3			
	Workshop Fee Total		

