**National Festival of
Youth Theatre 2019**

**1-Day Group Booking Form**

Please complete this form and email it to vikki@ytas.org.uk by **Friday 7 June 2019**

1

 **Contact Details**

|  |  |
| --- | --- |
| **Group name:** |       |
| **Lead contact name:** |       |
| **Email::** |       |
| **phone:** |       |

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| --- | --- | --- |
| **Your Booking** | **Quantity** | **£** |
| **NFYT Bite Size (£10 per person)** |       | £      |
| **NFYT Taster (£30 per person)** |       | £      |
| **FREE places** **(1 free group leader per 10 young people)** |       | £0.00 |
| **Total:** | **£** |

|  |  |
| --- | --- |
| **Payment** | **Please select** |
| **Please invoice me for the total booking fee**  | [ ]  |
| **I enclose a cheque for the total booking fee**  | [ ]  |

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| **Booking Conditions** |

 | **Please confirm** |
| **I confirm that my group will be accompanied at NFYT 2019 by at least one group leader. He/she is over 18 and meets the requirements of the PVG (Scotland) Act 2007.** | [ ]  |

**We look forward to welcoming you to the National Festival of Youth Theatre 2019!**