

**Musical Theatre Workshops**

**KS2**

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| **School** |  |
| **Contact Teacher** |  |
| **Telephone No** |  |
| **Email** |  |

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| Year group of pupils taking part |  |
| Number of pupils taking part |  |
| Preferred Workshop Date (please give a selection of three dates that would work for your school)  NB if times need to be moved slightly to fit in with your school day, please let us know. | Wednesday 1st February 10.30-11.30  Thursday 2nd February 10.30-11.30  1.30-2.30  Wednesday 8th February 10.30-11.30  Thursday 9th February 10.30-11.30  1.30-2.30  Wednesday 15th February 10.30-11.30  Thursday 16th February 10.30-11.30  1.30-2.30  Wednesday 1st March 10.30-11.30  Thursday 2nd March 10.30-11.30  1.30-2.30 |
| **Use of the hall available yes/no** | |

Signed: ……………………………………………………………….……… Headteacher

**Please return this form to** [**caroline.hales@iowmusichub.org**](mailto:caroline.hales@iowmusichub.org)