

Galway Film Centre Workshop Booking Form

Name: _____

Address: _____

Tel: _____

Fax: _____

Email: _____

Name of course: _____

Please explain your interest in this course and outline what you hope to achieve from this course:

**Please outline any relevant experience (if any) you may have in the area of film/
television/video production:**

To secure your booking, please enclose at least 50% of the cost of the course as a deposit.

If membership is required, please return completed membership form and payment.

On receipt of this form, you will receive further information on the course.

Please return this form as soon as possible to secure your booking as numbers are limited.

I enclose £_____ booking fee. I enclose £_____ membership fee. Please enclose proof of unwaged status.

Signed: _____

Date: _____