



**STAGEHANDZ**  
DRAMA-IN-EDUCATION

**Note**

- This booking form can be duplicated if necessary.
- Please complete this form and fax it to Stagehandz Pte Ltd at **6396 7862** or **6337 0993**.

Name of Programme

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School

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Address

---

Teacher In Charge

---

Tel :

H/P :

---

Fax :

E-mail :

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Preferred Date/s: (1st Choice)

(2nd Choice)

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Preferred Time :

No. Of Students :

Level :

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Hereby agreed to the terms & conditions :

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Teacher IC / Sign & stamp

Date

**For Official Use**

Booking Status

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Confirmed Date/s

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Confirmed Time

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