

## Breathe Magic... The Next Stage

### Expression of Interest form

Thank you for your interest in attending Breathe Magic...The Next Stage. Please complete and return this form to confirm your interest in reserving a place for your child on the programme in 2017 or 2018. Please contact us if you require any more assistance or information, or would like to receive this form in a different format.

### Personal information

Young magician's name		
Address		
Email address		
Telephone number		
Please state your County or London Borough		
Date and location of previous Breathe Magic camp attendance		

### Availability and funding

Please tick as appropriate

1. We are interested in attending <i>Breathe Magic...The Next Stage</i> in October 2018 (23 <sup>rd</sup> - 27 <sup>th</sup> )	
2. If confirmed, we would be interested in attending the <i>Breathe Magic...The Next Stage</i> in February 2019 half term (19 <sup>th</sup> - 23 <sup>rd</sup> )	
3. We would be interested in attending parent focus groups to support the development of future Breathe Magic programmes	



**Breathe Arts Health Research**  
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 The Clarence Centre for Enterprise  
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 t. +44 (0)203 290 2013  
 e. [info@breatheahr.org](mailto:info@breatheahr.org)  
[www.breatheahr.org](http://www.breatheahr.org)

4. We would be interested in our child attending a young magician's focus group to help support the development of future Breathe Magic programmes	
5. Please indicate whether you would be able to self-fund or would seek alternative funding sources. The programme costs £1,200.	
6. We plan on fundraising towards the cost of attending the programme, and would like to receive the fundraising information pack	

### Further information

Date completed		Completed by			
Would you like to be kept up-dated about Breathe activities?		Yes please		No thanks	

Thank you for taking the time to complete this form. Please return the completed form to [magic@breatheahr.org](mailto:magic@breatheahr.org) or post it to:

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