

▶ THEATRE CLASS REGISTRATION FORM ▶

STUDENT NAME:			
DATE OF BIRTH:			
PARENT NAME:			
ADDRESS:			
		POSTCODE:	
TELEPHONE:			
MOBILE:			
EMAIL:			
OTHER DETAILS:	<i>(Important relevant information e.g. medical issues, allergies etc.)</i>		
EXPERIENCE:	<i>(Details of experience/examinations in dance, drama or music)</i>		
CLASSES:	<i>(Please tick the boxes to select your choice of class/es)</i>		
<input type="checkbox"/> Nippers Theatre Class <i>(Ages 4-7)</i> <input type="checkbox"/> Junior Theatre Class <i>(Ages 7-11)</i> <input type="checkbox"/> Senior Theatre Class <i>(Ages 11-18)</i> <input type="checkbox"/> Invitation Theatre Class <i>(Ages 11-18)</i>			
<small><i>Please contact us for up to date information on classes, days and times. Entry to Invitation Theatre Class is by audition only - tick if you wish to be considered for an audition.</i></small>			

I agree to the terms and conditions for Young Theatre Company membership and give permission for the student named above to attend classes and participate in activities.

Signed: _____ (Parent/Guardian) Date: _____

When complete, please detach and return this part of the form to:



The Young Theatre Company, The Acorn Theatre, Queen Street, Worksop. S80 2AN

