



Starlight Youth Theatre

Application form

Call 0151 342 2706 to secure your place

First name(s)	Last name:
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Address:	Age:
	Date of Birth: / /
	Home phone:
	Mobile phone:

Postcode	Email:
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Asthma / Epilepsy: (Please give details)

Allergies (Please give details)

Other medical problems (Please give details)

Any social problems we should be aware of (Please give details):

Are you or have you ever been on a behavioural / social statement: (Please give details)

Have you ever attended a dance or theatre school before:

Have you any experience in performing:

Where did you hear about Starlight Youth Theatre:

I understand that fees will have to be paid in full for missed weeks:

Signed: (Parent/Guardian): _____

Date: / /

Starlight Youth Theatre, 129-131 Telegraph Road, Heswall, Wirral, CH60 0AF

Telephone: 0151 342 2706 **Mobile:** 07761 765 782 or 07885 458 204

Email: starlightyouththeatre@hotmail.co.uk **Website:** www.starlightyouththeatre.co.uk