



# Starlight Youth Theatre

## Application form

To join Starlight call  
**0151 342 2706**  
to reserve your place

First name(s): \_\_\_\_\_ Last name: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_

D.O.B:     /     /

Home telephone: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_

School year: \_\_\_\_\_

Venue:   Bebington       Deeside       Ellesmere Port       Heswall

Day required: \_\_\_\_\_ Time required: \_\_\_\_\_

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 \_\_\_\_\_

NB: All information given on this form will be held in the strictest confidence.

Day required: \_\_\_\_\_

Group: \_\_\_\_\_

Payment method agreed: \_\_\_\_\_

Date: \_\_\_\_\_

### Starlight Youth Theatre

129 - 131 Telegraph Road  
Heswall  
Wirral  
CH60 0AF