



# Starlight Youth Theatre

## Application form

Call 0151 342 2706 to secure your place

First name(s)	Last name:
---------------	------------

Address:
----------

Age:
------

Date of Birth:     /     /
----------------------------

Home phone:
-------------

Mobile phone:
---------------

Postcode
----------

Email:
--------

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:
---

<b><i>I understand that fees will have to be paid in full for missed weeks:</i></b>
Signed: (Parent/Guardian): _____
Date:             /             /

Starlight Youth Theatre, 129-131 Telegraph Road, Heswall, Wirral, CH60 0AF
<b>Telephone:</b> 0151 342 2706 <b>Mobile:</b> 07761 765 782 or 07885 458 204
<b>Email:</b> <a href="mailto:starlightyouththeatre@hotmail.co.uk">starlightyouththeatre@hotmail.co.uk</a> <b>Website:</b> <a href="http://www.starlightyouththeatre.co.uk">www.starlightyouththeatre.co.uk</a>