

CENTRE STAGE YOUTH THEATRE COMPANY

Application for Membership

Name

Parent/Carer's name.....

Address.....

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Post code.....

Telephone number.....

Emergency contact number (Mobile)

E-mail of Parent/Carer.....

Date of birth.....

School/college.....

Medical information (allergies, medication etc).....

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Any other information or experiences we should know about? (Dancing,
previous shows, singing lessons etc)

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Signed (parent).....

Date.....