

CENTRE STAGE YOUTH THEATRE COMPANY



Membership Application

Name of applicant	
Date of birth	
Home address	
Name of parent/carer	
Parent/carer contact number	
Parent/carer email address	
2nd Contact Name	
2 nd Contact Number	
Medical Information (e.g. allergies, medications)	
Previous experience e.g. dance, singing, shows etc.	
Signature of Parent	
Date	