

glow theatre group

Child's name: Age:

Date of Birth: Parent's name:

Address:

Where did you hear about Glow Theatre Group?.....

Tel: Day:

Evening:

Mobile:

Email:

Child's school:

Does your child have any previous experience of drama training, dance school, or previous performances?

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Does your child have any medical conditions or special needs which may affect their participation in rehearsals or performances, or require any medication?

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All personal, educational and health information will be treated with the strictest confidence.

I enclose a deposit of £50.00. (Cheques should be made payable to Glow Theatre Group) This sum will be deducted from the first term's fees.

Signature

Date

Send your completed form to: **Glow Theatre Group**, 22 Colburn Avenue, Caterham, Surrey, CR3 6HU.

Tel: **01883 720167** Email: **jackie@glowtheatregroup.co.uk**

www.glowtheatregroup.co.uk