

# 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**, 10 Windrushes, Caterham, Surrey, CR3 6SP.

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

**www.glowtheatregroup.co.uk**