



AUD – W109

For office use only

Date received: Initials:
Payment received:
Cash/ Card/ Cheque

YOU MUST
ATTACH A
PASSPORT PHOTO
HERE IF YOU WISH
TO BE CONSIDERED
FOR CASTING
OPPORTUNITIES

AUDITION PREPARATION CLASSES BOOKING FORM CLASSES HELD 12TH/13TH AND 19TH/20TH DECEMBER 09

Personal Information

Name of applicant:

Address: Telephone:

..... Emergency tel:
(during class time)

Postcode: Email:

Date of birth: Age:

Parent/ Guardian name:

MEDICAL: Please provide any details of any medical, behavioural or special needs of the applicant, including any allergies or medication details.

.....
.....

This information will be held in the strictest of confidence and will ensure that appropriate arrangements are made to enable a young person to participate in classes without danger to their health and, in the event of an emergency to be provided to the emergency services.

I enclose a deposit of £50 (full fees must be paid by the 16th of November 2009)

I enclose the full fee of £160

Please tick if you give permission for the applicant to be included in photographs/ videos taken by Scottish Youth Theatre? These may be used for publicity and display purposes.

Tick here to state that you accept and understand that if you withdraw from this course prior to it beginning you will be liable to meet all fees, unless your space can be re-allocated. If you withdraw after the course has started you are liable for all fees. Scottish Youth Theatre reserves the right to cancel this course due to insufficient numbers. Scottish Youth Theatre further reserves the right to ask participants to leave the course due to repeated late coming or unacceptable behaviour.

If under 18 years of age, I give my permission for my son/ daughter/ young person in my care to attend Scottish Youth Theatre classes.

Signature of parent/ guardian
(if over 18, you should sign this yourself)

Relationship to applicant:

Please return to: Scottish Youth Theatre, The Old Sheriff Court, 105 Brunswick St, Glasgow, G1 1TF