

PLEASE ATTACH  
A PASSPORT  
SIZED  
PHOTOGRAPH  
HERE (WITH  
YOUR NAME  
AND DATE OF  
BIRTH ON THE  
BACK)

SCOTTISH YOUTH THEATRE



# SUMMER FESTIVAL 2009

## JUNIOR COURSE APPLICATION FORM

PLEASE COMPLETE IN BLACK INK AND IN BLOCK CAPITALS

First Name(s): \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address:

Sex: Male [ ] Female [ ]

Telephone No: \_\_\_\_\_

Emergency Tel No: \_\_\_\_\_

Date of Birth (dd/mm/yy):    /    /

Postcode: \_\_\_\_\_

Age on date of course: \_\_\_\_\_

Email Address: \_\_\_\_\_

School: \_\_\_\_\_

Please indicate your choice of location by ticking the appropriate box.

| LOCATION  | PLEASE TICK |
|-----------|-------------|
| Aberdeen  |             |
| Edinburgh |             |
| Glasgow   |             |

Where did you hear about Summer Festival? :

Medical info (insert blurb)

Do you give parental permission for the participant to be included in photo's/ video's taken by Scottish Youth Theatre during the course (these may be used for publicity purposes)?

Please tick YES [  ] NO [  ]

Payment: The course costs ? per participant. Please enclose an initial minimum deposit of ? with this form. Cheques should be made payable to Scottish Youth Theatre Ltd with the participants name and your card number written clearly on the reverse. Alternatively, please tick here if you wish Scottish Youth Theatre to contact you to take payment by credit/ debit card [  ]

[  ] I enclosed the full fee [  ] I have enclosed ? . Fees must be paid in full by ?

Discount: Families with more than one sibling taking part in the course are eligible for a 10% discount per additional applicant.

Are you eligible for the family discount (please tick)? YES [  ] NO [  ]

If YES, please supply the names of all siblings applying for this course:

### PARENTAL PERMISSION

I (as the parent/ guardian) give permission for the above applicant to attend the one week Junior Course. I certify that the information contained in the form is correct.

Name: .....

Relationship to applicant: .....

Date: .....

### DECLARATION - ALL APPLICANTS MUST SIGN THE FOLLOWING DECLARATION

Please accept my application for SF2009. To the best of my knowledge, all of the above information is correct:

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to: Junior Course Applications, Scottish Youth Theatre, @ The Old Sheriff Court,  
105 Brunswick Street, Glasgow G1 1TF. Tel: 0141 552 3988 Fax: 0141 552 7615**

**REMEMBER TO INCLUDE A PASSPORT PHOTO AND THE COURSE DEPOSIT.**