

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

SCOTTISH YOUTH THEATRE



SCOTTISH  
YOUTH  
THEATRE

# SUMMER FESTIVAL 2010

## JUNIOR PERFORMANCE 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 the course? :

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 rehearsals without danger to their health and, in the event of an emergency to be provided to the emergency services.

Please turn over

Do you give parental permission for the participant to be included in photos/ videos taken by Scottish Youth Theatre during the course (these may be used for publicity purposes)?  
Please tick YES [  ] NO [  ]

Payment: The course costs £100 per participant. Please enclose an initial minimum deposit of £10 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 [  ] (Please note there is a 50 pence charge for card transactions.)  
[  ] I have enclosed the full fee [  ] I have enclosed £10. Fees must be paid in full prior to the course beginning.

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 Junior Performance 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 SF2010. To the best of my knowledge, all of the above information is correct:

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

**Return this form to: Junior Performance Course Applications,  
Scottish Youth Theatre, @ The Old Sheriff Court,  
105 Brunswick Street, Glasgow G1 1TF. Tel: 0141 5523988 Fax: 0141 5527615**

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