

RIVERLEA STAGECRAFT ENROLMENT FORM

Age: _____ Date of Birth: ___/___/___

Name of Student			
Address:			
Mother's Name:			
Home Phone:	Mobile Phone:	Email:	
Father's Name:			
Home Phone:	Mobile Phone:	Email:	
Current School:			
Previous experience in Drama / Singing / Dance	Details:		
Do You Play a Musical Instrument? (give details)			
Do you have any medical condition of which we should be aware?			
Emergency Contact Number During Class			
In the Event of an emergency during class, do we have permission to contact the appropriate emergency services: YES / NO (please circle)			
In order to promote Stagecraft, we may need to use photos from our classes or Productions. If a photo includes your child do we have your permission? YES / NO (please circle)			

For Office Use Only:	
Year: 2019 Term: 1 2 3 (circle)	TW Scholarship Awarded YES / NO
Class Name:	Invoice Date:
Class Day:	Invoice Amount:
Class Time:	Amount Paid:
Tutor:	

Stagecraft, Riverlea Theatre, PO Box 11010, Hillcrest, Hamilton

Box Office/Theatre: Jane 11am – 5pm Tues – Fri, 9.30am – 12.30pm Sat Phone: 07-856 5450