

Application Form

Name of child: ……………………………………………….

Date of birth: \_\_\_/\_\_\_/\_\_\_\_\_

Address: ………………………………………………………………………….

Postcode……………………….

Parents/Guardian name:………………………………………………………..

Contact no………………………………

Email………………………………………………………………………………

2nd contact name & no………………………………………………………….

**Class Time: Day:**

☐ I enclose a cheque for £……………….. made payable to Nicola Woollard

☐ I enclose cash amount £……………….

☐ I have paid by direct transfer on ……/……/…… from an account in the name of …………………………………(please use your child's full name as reference.)

Account # 19309750 Sort Code: 08-93-00

Any medical conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed..........................................................

Print name ...................................................Date.....................................

Classes at Immanuel Church Hall, 452 Streatham High Road, London. SW16 . Tel: 07956912311 Footlightstheatreworkshop@gmail.com [www.footlightsworkshop.com](http://www.footlightsworkshop.com)