

Masque Theatre School Registration Form.

Please bring this with you to your first lesson.

Please ensure you fill in all sections of this form.

PUPIL NAME:

PUPIL'S D.O.B.

PARENTS NAMES:

ADDRESS:

TELEPHONE NUMBER (home):

MOBILE NUMBER:

EMAIL ADDRESS:

EMERGENCY TELEPHONE NUMBERS AND CONTACT NAMES:

MEDICAL CONDITIONS (Relevant):

CLASSES TAKING:

By signing this document you & your child agree to adhere to the terms and conditions set out on our web site and notice board for fees, uniform & school etiquette. Also, you allow your child to be photographed and filmed for masque related events. These may be used for advertising, web site and promotional material. (Please Note: Studio Timetable is subject to change).

I agree to adhere to the above statement:

SIGN:_____

(To be signed by parents only)

PRINT:_____

DATE:_____