

YOUTH THEATRE INTEREST FORM

Name of child:

Date of birth

Male

Female

School:

Year group

Parent / guardian name

Home address

Post code

Preferred group

Tues (10-13 years old)

Weds (14-16 years old)

Thurs (10-13 years old)

Contact telephone number (*you will be contacted to confirm your child's place in the group*):

Signed: (*Parent's signature*)

Please return this form by to:

Emma Higham, Education Officer, 147 Tooley St, London SE1 2HZ

Supported by the Wates Foundation, Eranda Foundation & Jack Petchey Foundation

