

Private and Confidential

PART 1 – to be completed by everybody

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| Full Name: | |
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| Date of Birth : | |
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| Address: | |
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| Mobile No: | |
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| Email address: | |
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|--|----|-----|------|----|------------------------|
| Parent/Guardian's title (please select) | Mr | Mrs | Miss | Ms | Other (please specify) |
| | | | | | |

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|-----------------------------|--|
| Parent/Guardian's full name | |
|-----------------------------|--|

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|-----------------|--------|--|
| Contact Numbers | Home | |
| | Mobile | |

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| Please provide a number where your parent / guardian can be reached in the event of an emergency | |
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Do you have a medical condition/any allergies that we should be made aware of?

Yes

No

If "Yes", please provide details:

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Your availability:

Please tell us about any dates that you will be unavailable to attend rehearsals, this may be because of a holiday etc.

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Where did you hear about us?

Please tell us how you heard about the Youth Production Group.

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|---|---|---------------------------------|
| <input type="checkbox"/> Newspaper article | <input type="checkbox"/> School | <input type="checkbox"/> Poster |
| <input type="checkbox"/> Word of mouth/friend | <input type="checkbox"/> Other (please specify) _____ | |

Please tell us the name of your school/college/university or employer

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Can you play an(y) instrument(s)? Yes No

If yes, what instrument(s) and what standard / grade have you reached?

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What elements of the production are you most interested in, please indicate your preference.

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|-----------|--------------------------|----------|--------------------------|-----------|--------------------------|
| Performer | <input type="checkbox"/> | Musician | <input type="checkbox"/> | Backstage | <input type="checkbox"/> |
|-----------|--------------------------|----------|--------------------------|-----------|--------------------------|

PART 2 - If you are under 16 years of age - please ask your parent / guardian to complete this part of the form as well.

Provide the name of the parent / guardian who will usually collect you from rehearsal(s) performances:

I consent to TAOS taking photographs of my child as named for the purposes of publicity of the Youth Production Group. This will include photographs that will feature in newspapers, on display boards and on the Society website.

Signed Date

Print Name

I would be interested in being involved in the Society and would like further details, (please tick those areas for which you would like further information).

- | | |
|--|---|
| <input type="checkbox"/> Backstage | <input type="checkbox"/> Front of house |
| <input type="checkbox"/> Patron/ Friend of the Society | <input type="checkbox"/> Sponsorship |
| <input type="checkbox"/> Receiving Mailing List correspondence | |