

Membership Application Form

Annual subscription £20

Personal Details

Name _____

Address _____

_____ Postcode _____

Telephone _____ Date of birth _____

Email _____

School Details

School Name and Year Group _____

Parents / Guardian Details

Mother / Guardian's Name (For under 18's) _____

Email _____ Mobile _____

Father / Guardian's Name (For under 18's) _____

Email _____ Mobile _____

Medical Details and Personal Information

please use a separate sheet if required

Do you suffer from any allergies or medical conditions? If YES, please give details.

Is there anything else you feel we should be aware of concerning welfare?

Declaration

- I enclose cash / cheque (made payable to PYT) for £20.00 or
- I have paid online: CAF bank 40-52-40, a/c 00028502, please reference FM then applicant's name
- I enclose TWO passport sized photographs – *this is for audition purposes*
- I have read and understand the PYT Guidelines

Signed _____ Print _____

Parent / Guardian if under 16

Here at PYT we take your privacy seriously and will only use your personal information to administer and manage your application and membership.

However, from time to time we would like to send you other news and updates via email and post.

[] Please tick this box if you consent to us contacting you for this purpose.

Please read our full privacy notice at <http://www.petersfieldyouththeatre.org.uk/>

Deadline: 26th September 2018