



## ENROLMENT FORM Towngate Youth Theatre 11+

Please complete this enrolment form to the best of your ability and return to Hayley Mitchell at the Towngate Theatre.

Name:	
Address:	
D.O.B:	
School:	
Parent/Guardian:	
Telephone Number:	
Mobile Number:	
Email:	
Any Additional Needs (Please specify):	
Any allergies or other illnesses (Please specify):	

Signed (Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_

Date:

*For Office Use Only*

*Date Received:*

*Received By:*

**Towngate Theatre**

**Tel: 01268 205 300**

**Email: [eando@basildon.gov.uk](mailto:eando@basildon.gov.uk)**

**Website: [www.towngatetheatre.co.uk](http://www.towngatetheatre.co.uk)**



## EMERGENCY CONTACT INFORMATION

<b>Emergency Contact #1:</b>	
<b>Relation:</b>	
<b>Address:</b>	
<b>Emergency Contact Number:</b>	
<b>Emergency Contact #2:</b>	
<b>Relation:</b>	
<b>Address:</b>	
<b>Emergency Contact Number:</b>	

I hereby sign to allow permission for my child/young person (name) \_\_\_\_\_ to be photographed/filmed and for these to be used within advertising.

I confirm that they are medically capable to participate in any upcoming shows and events and I understand that it is my responsibility to inform Towngate Theatre of any changes that may occur to this. I understand that once signed in, Towngate Theatre are responsible for my young person then and only then, until my young person is signed out.

Signed (Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: