



LIGHTSDOWN SUMMER SCHOOL 2010

APPLICATION FORM

SUMMER SCHOOL DATES: MONDAY 23rd to SATURDAY 28th AUGUST 2010

Monday to Thursday: 10am – 5pm (Orleton Village Hall, Nr Ludlow)

Friday: Times TBC (The Courtyard Theatre, Hereford)

Saturday: Times TBC (The Courtyard Theatre, Hereford)

STUDENT NAME: **Age:**

ADDRESS:

..... **Postcode:**

TELEPHONE NUMBER:

EMAIL ADDRESS:

NAME OF PARENT/GUARDIAN:

EMERGENCY CONTACT NUMBER (PARENT MOBILE USUALLY)

MEDICAL INFORMATION:

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF?

DOES YOUR CHILD HAVE ANY ALLERGIES?

ABOUT YOUR CHILD:

HAS YOUR CHILD ATTENDED LIGHTSDOWN BEFORE? YES / NO

PLEASE LIST ANY PREVIOUS PERFORMING ARTS EXPERIENCE ON THE REVERSE OF THIS FORM.

DECLARATION:

I consent to my child's photograph being used for displays, publications and on the website by us or by local newspapers and to my child appearing in videos of LightsDown performances.

I enclose my cheque deposit of £40 (made payable to "LightsDown Theatre School"). I understand that if a place is not available the cheque will be returned to me. However, deposits are non-returnable in all other circumstances. The deposit amount (£40) will be deducted from the total cost of the course.

I consent to my child taking part in **PETER PAN** at **THE COURTYARD, HEREFORD.**

Signed: _____ **Print Name:** _____

Date: ___/___/2010

RETURN THIS APPLICATION BEFORE 31st MARCH TO SAVE £60. COURSE FEE REDUCED FROM £170 TO £110 FOR ALL APPLICATIONS RECEIVED (WITH DEPOSIT) BEFORE 31st MARCH.

PLEASE RETURN TO: LIGHTSDOWN THEATRE SCHOOL, THE OLD BAKERY, ORLETON, SHROPSHIRE, SY8 4HN

OFFICE USE ONLY

DATE RECEIVED: ___/___/2010

SIGNED: _____