

Youth Theatre Application Form

Applications & Re-enrolments

Due to demand for places, applications and re-enrolments **must be received at least 2 weeks before the start of term**. It may only be possible to add your application to our waiting list, but we will endeavour to offer you a place as soon as one becomes available

Please attach
a recent photograph

Name _____

Date of Birth _____

Age _____

Address _____

Postcode _____

Daytime Tel _____

Evening Tel _____

Emergency Contact Name _____

Emergency Contact Telephone _____

Do you have any special requirements or medical/behavioural conditions that we should be aware of? (All information will be held in strict confidence)

Previous Experience/LAMDA Examinations etc _____

Any other information _____

School _____

Saturday Youth Theatre

Class	1a	6-7 years	10.00am – 11.00am	£46	<input type="checkbox"/>
Class	2c	8-9 years	10.00am – 11.00am	£46	<input type="checkbox"/>
Classes	2a & 2b	8-9 years	11.15am – 12.15pm	£46	<input type="checkbox"/>
Class	3c	10-11 years	11.15am – 12.15pm	£46	<input type="checkbox"/>
Classes	3a & 3b	10-11 years	12.30pm – 1.45pm	£46	<input type="checkbox"/>

Youth Production Group 12+ years 3.00pm – 6.00pm £70

Sunday Youth Theatre

Singing Group	12+ years	11.45am – 1.15pm	£62	<input type="checkbox"/>
Classes 4a & 4b	12-13 years	1.30pm – 3.00pm	£62	<input type="checkbox"/>
Classes 5a & 5b	14+ years	3.15pm – 5.15pm	£72	<input type="checkbox"/>

There is a discount available for students attending both drama & singing classes – please call for details

Home Education Group 6+ years Tuesdays & Thursdays

Summer School - please put me on your mailing list

Arts Awards 11-25yrs Weds 4.30-6.30pm £90-£115

Declaration by parent/guardian: I wish for my son/daughter to be accepted onto the above course & confirm that any medical condition which may affect my child's participation on the course has been fully disclosed.

Child Protection/Health & Safety: I understand that the above student will be in the care of the Maddermarket Theatre Education Department for the duration of the class. I give my permission for the Maddermarket Theatre to administer first aid if necessary & to transfer my child to hospital should an emergency arise. I also give permission for the Maddermarket Theatre to take & use images of my child for future publications and publicity.

Name of Parent / Guardian (please print) _____

Signature _____ Date _____

I enclose a cheque for £_____ made payable to **Maddermarket Theatre**

Please write your child's name & class or age on the back of the cheque

If concessionary rate, proof is required with payment.

Return to

Education Dept. Maddermarket Theatre, St. John's Alley, Norwich NR2 1DR
01603 628600 / mmtedu@btconnect.com