



THE FAME THEATRE COMPANY 2010 WORKSHOP ENROLMENT FORM



Please return this completed form to us together with your cheque or money order to
PO Box 2360, Fortitude Valley BC 4006.

Credit card payments may be made by phone on **3252 4806.**

WORKSHOP VENUE: *(please tick)*

- BOWEN HILLS
 ARANA HILLS
 CAMP HILL
 INDOOROOPIILLY
 MANLY WEST
 PETRIE
 SUNNYBANK

GROUP: *(please tick)*

- YOUNG FAME FULL COURSE
 5-7 year olds 8-14 year olds

STUDENT NAME _____

ADDRESS _____

POST CODE _____

HOME PHONE: _____

DATE OF BIRTH: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

WORK PHONE: _____

WORK PHONE: _____

MOBILE PHONE: _____

MOBILE PHONE: _____

STUDENT'S AGE: _____

GRADE IN 2009: _____

Does the student suffer from any medical condition or disorder? If so, give details.

I authorise the person placed in charge of the Fame Training School, rehearsal or performance at their discretion to obtain medical attention at my expense for my child in the event of illness or injury.

I understand that any photographs taken featuring my child may be used in appropriate publicity material.

Fees are non-refundable.

Parent/Guardian Signature _____

Date _____

Please Note: For Full-Time Students - please supply students with a packed lunch, morning and afternoon tea. Dress is casual and comfortable. No dresses or skirts. Closed footwear is essential.

Single student	Family 2 full-time students	Young Fame
\$275	\$520	\$85

For Office Use Only		
WS	AZc <input type="checkbox"/>	Pd <input type="checkbox"/>
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