



THRIFT



MUSIC THEATRE CAMPS BOOKING FORM

Full Name.....

Male Female

Age on 01/09/06.....

Date of birth

Address:.....

.....

.....Postcode.....

Tel:[inc code].....Mob:.....

Fax:..... Email:.....

Name of Parent/legal Guardian:.....

Address [if different from above].....

.....

.....Postcode.....

Emergency Contact no (Home or mobile).....

Alternative emergency Contact no (Home or mobile).....

Which course/dates are you applying for?
.....

Please tell us briefly what performing experience you have.
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.....

How did you find out about THRIFT?
.....

Signature (Parent/legal guardian if under 18):.....

Please print name:.....

Date:.....

Please complete and return this form to:

Thrift Music Theatre Company,
162 Craven Road,
Newbury,
Berks, RG14 5NR
Tel: [01635] 41119



Email: office@thriftmusictheatre.co.uk

On receipt of this booking form and a deposit for £35 (please make cheques payable to THRIFT Music Theatre Company), we will send you a welcome pack giving you all the details that you need, and a letter that will act as confirmation of your booking.

DATA PROTECTION ACT 1998
The above information will be kept on the THRIFT database and used for future mailings. Please be certain that your details will NOT be passed onto third parties.

