

ENROLMENT FORM - CHILD

Griffith Regional Theatre Workshop

NAME OF EVENT: _____

DATE(s): _____

PARTICIPANT DETAILS:

Name: _____

Address: _____

Age: _____ Any Allergies/Dietary/medical needs: _____

EMERGENCY CONTACT DETAILS:

Name: _____ Phone: _____

Address: _____

Email: _____

Would you like to be notified about future workshops? Yes/No

Would you like to sign up to our newsletter: Yes/No

Do you give consent for your child to be photographed during the workshop and the images used to promote the Theatre via print and social media? Yes/No

How did you hear about these workshops/classes? _____

Guardian Signature: _____ Date: _____

PAYMENT RECEIVED : CASH/EFTPOS/DIRECT DEPOSIT

OFFICE USE ONLY

Date received _____ Received By: _____