

Registration form

| About you | | | | |
|---|--|------------|--|---------|
| Title | | First name | | Surname |
| Address | | | | |
| Postcode | | Email | | |
| Telephone (please provide at least two) | | | | |
| Home | | Mobile | | Other |
| How did you hear about us? | | | | |

| About your child/children | | | | |
|---|------------------|--|---------------------|--|
| 1 | Name | | Date of birth | |
| | School attending | | Current school year | |
| 2 | Name | | Date of birth | |
| | School attending | | Current school year | |
| Are there any medical conditions/special needs of which we should be aware? (please give full details) | | | | |
| What previous experience does your child/children have? | | | | |
| Is there anything else you would like to tell us about your child/children? | | | | |

| Declaration | | | | |
|---|--|------------|--|------|
| As Parent/Legal Guardian of the above named child/children I have read and agree to Best School of Acting's Terms and Conditions (available at www.bestschoolofacting.com). I declare that the information given on this form is complete and correct and hereby apply for a place for my child/children at Best Theatre Arts' activity/ies indicated above. | | | | |
| Signed | | Print Name | | Date |

N.B. if this form is emailed our Terms & Conditions will be deemed to have been accepted

Please complete and return to:-
Best Theatre Arts, PO Box 749, St.Albans, AL1 4YW
info@bestschoolofacting.com