



THEATRE SKILLS WORKSHOP

Enrolment Form 2010

SURNAME:

FIRST NAME:

AGE:

DOB:

GENDER:



ADDRESS:

SUBURB:

POST CODE:

EMAIL:

PHONE NUMBER:

MOBILE NUMBER:

I give permission for any photographs taken to be used for advertising and promotional purposes only.



SIGNED:

Emergency Contact Details

NAME:

CONTACT NUMBER:

OFFICE USE ONLY

ENROLMENT DATE:

AMOUNT RECEIVED:

PAYMENT DETAILS

TERM FEE

\$100.00

IN PERSON

Mandurah Performing Arts Centre
Ormsby Terrace, MANDURAH
Cash, Cheque and money orders

Payment must be made before
commencement of workshops.