

IN THE WINGS

An Academy for the Performing Arts

Application Form

Name of Performer: _____

Date of Birth: _____

Gender: _____

Parent/Guardian Name: _____

Address of Performer: _____

Please specify any allergies or medical conditions: _____

Parent/Guardian Contact Number: _____

Parent/Guardian Contact Email: _____

Current School: _____

Please enclose previous experience, if any: _____

How did you hear about us? _____

I permit 'In The Wings' to take and use photographs for marketing purposes. (Please tick if you give your consent and note that any material used will exclude names.)

Should you wish to purchase an 'In the Wings' t-shirt for £10.00, please select from the following:

XS S M L XL

Please note that the fees are non-refundable.

Signed _____ Date _____

