

Stafford Gatehouse Youth Theatre

Application to join waiting list 2008

Name: _____

Address: _____

Postcode: _____ Email: _____

Daytime Tel No: _____

Evening Tel No: _____

Applicants Mobile Tel No: _____

Parents Mobile Tel No: _____

Age: _____ D.O.B _____

School, College, Place of Work: _____

Hobbies & Interests: _____

Medical or other conditions (dyslexia, diabetes, asthma etc)

Name of Parent/Guardian (Please Print): _____

Signed (Parent/Guardian): _____

Date: _____

To join our waiting list, please complete and email to gatehouse@staffordbc.gov.uk or alternatively print and post to Stafford Gatehouse Theatre, Eastgate Street, Stafford ST16 2LT