



Bright Young Things Registration Form.

PLEASE NUMBER SESSIONS IN ORDER OF PREFERENCE:-10.15()12.15 () 2.15 ()

Child Details

Surname

First Name

Address

Post Code

Date of Birth

Parent/Guardian

Surname

First Name

Tel.No.

Mobile No.

E-mail Address

Alternative Contact No. *(in case of emergency)*

Do you wish to receive BrightLights email newsletter?

Yes() No()

Does your child have any medical conditions/allergies/injuries or other circumstances that we should be aware of?

YES/NO *(If yes, please give details)*

Declaration by Parent/Guardian

I (BLOCK CAPITALS)

being the Parent/Guardian of

..... (BLOCK CAPITALS)

declare that the information given in this form is correct and complete and give my consent for the above named to take part in the acting/singing/dancing lessons at BrightLights Theatre School.

I will be contactable at all times during classes on at least one of the numbers given.

I have read, understand and agree to abide by the attached Terms and Conditions.

Payment.

Please tick how you wish to pay the taster fees.

Cheque for £19 enclosed ()

Bank transfer for £19 ()

Sort Code 403024 Acc. No. 32869446

Paypal payment of £19

to office@brightlightstheatreschool.com ()

After the taster sessions, fees can be paid either termly
in advance or by monthly bank transfer.

Signed.....

Date

Please complete and return with a cheque made payable to:

BrightLights Theatre School

to :

BrightLights Theatre School, 7 Cromore Close, Coalville LE67 4RR

