



2017 Summer Show Course Enrolment Form



Name _____

Address _____

Home Telephone number _____

Email _____

Parent Work/Mobile Number _____

(Passport photograph)

Age _____ (at start of course) D.O.B _____

Does your child have any medical conditions we should be aware of e.g. allergies.

Emergency Contact Name _____ Tel: _____

Experience (if any)

Declaration *(Delete as applicable)*

I hereby give permission for my daughter to take part in St Hilda's School, Summer Show Course from 17th - 21st July 2017 at St Hilda's School, Harpenden.

I give permission for St Hilda's Musical Theatre Summer School to take photographic images of my child during the course for display/archival purposes.

Signed (Parent) _____ Date _____