

Theatricool Summer School Application

Please send this form to:

Theatricool
c/o 18 London Road
Colchester
Essex
CO3 4DE



I wish to enrol the following student(s) for the Theatricool Summer School (please tick)

3rd - 7th August 2009 – Ages 8-12 years

or

10th - 14th August 2009 – Ages 13-16 years

Student Details

Name

Address

Postcode

Gender - Male/Female

Date of birth

Age

Email address

Sibling Details

Name

Gender

Date of birth

Age

Contact telephone number

Please state any medical conditions the school should be aware of

Parent/Guardian Contact details

Name

Address

Relationship to student

Telephone number

Emergency contact number

Please list two more responsible adults to be contacted in an emergency

1. Name and Telephone number:

2. Name and Telephone number:

DECLARATION BY PARENT/LEGAL GUARDIAN

I, the undersigned, being the Parent/Legal Guardian of declare that the information given in this application is correct and hereby apply for a place for my child at Theatricool Summer School. I understand that Theatricool reserves the right to restrict admission at its own discretion.

The Personal Data included in this form will be used by Theatricool for the purposes of administration, research, the provision of teaching services in singing, dance and drama, the organisation of performances and for the administration of Theatricool's statutory obligations under legislation relating to children. Theatricool will not disclose this information to third parties for marketing purposes.

By completing this form you are deemed to consent to the use of such Personal Data for the above purposes.

I agree to pay a £50.00 non returnable deposit towards the fees for the Summer School and understand that the balance of £100.00 is due on the first day of my child's chosen Summer School week.

On-line [Payment Terms and Conditions \(visit www.theatricool.co.uk\)](http://www.theatricool.co.uk). *

OR

Cheque payment made payable to Sally Fisher. Send cheque along with this form to:

Theatricool
18 London Road
Colchester
CO3 4DE

Name: *

Relationship to Student: *

* I have read and understand the above declaration. (please tick)