

Workshop Application Form – 2021/22 Season

Name of Applicant:		Male		Female	
Address:					
	Postcode:				
Date of Birth:		School Year			
School / College (If applicable)		Name of Parent / Guardians: (If under 18yrs)			
Contact Email Address		Contact Email Address 2			
Contact Name/Number 1		Contact Name/Number 2			
<p>Is there any information, which you feel may be useful for us to know? (i.e. social, religious or cultural) Please state information regarding you/your child's health, mobility, behaviour and medication in order to help us meet his/her needs more fully whilst at NK. Or Is there any special protocol/procedure we should be aware of in dealing with your child?</p>					
<p>PARENT PERMISSION – PERFORMANCE AND PHOTOGRAPHY/VIDEO:</p>					
<p>By signing this form parent/guardians grant permission for members to partake in public performances and occasionally the Theatre sessions may be filmed or photographed for monitoring and general press and publicity purposes. Please inform us in writing if you do not give permission for your child to partake in such activities.</p>					
<p>Were you a member of NKTA Last Season?</p> <p>YES / NO</p>	<p>Where did you hear about NKTA?</p>				

I wish to enrol in the following classes: (Please check guidelines for class suitability)

Drama { }, Musical Theatre { },

Studio 2 Saturday Dance: Street Dance { }, Contemporary { }

Ballet { }, Tribe / Vibe { }

NK Access { }

Total Monthly Payment £_____ (Please check membership pack for figures)

Please set up a standing order for the above amount using member name as reference

NK Theatre Arts /Co Operative Bank/ Sort Code – 08-92-99 Account Number - 67215870

I have read and agree to the NK Theatre Arts Terms and Conditions of Membership 2021/22

(Member Signature)

(Parent / Guardian).....

if member under 18

Date

Office Use Only

Enrolment:	Subscriptions:	COSTUME	Total:	Taken By / Date:
£	£	£	£	

Paying by S/O	Yes/No	Date of Payment	Completed Gift Aid Form?	SCHOOL YEAR CLASS :