## Foundation Course in Acting • Young Studio

## Application Form 2016-17

First Name	Surname
O Male	○ Female
Address	
Telephone Home	
Work	
Email	
I prefer to be co	ntacted by: O home phone O mobile O work phone O email
Date of Birth	
<ul><li>Foundation</li></ul>	or: (please tick one or both) Course in Acting (minimum age 18) o (minimum age 17)
_	an audition time. The following are dates when I am <b>NOT</b> available for audition s on Auditions on page 26):
audition (Fo	ne evening of Tuesday 13 September free in case I am invited for a second undation Course only).
_	he prospectus and understand the commitment involved.
	ccepted, to go through the whole year's course.
_	to attend all classes punctually unless quite unavoidably prevented.
(Please tick all box	if accepted, to pay the appropriate fees on time.
Signed	
Date	