

membership and enrolment form

canberra youth theatre

po box 127 civic square act 2608 h block. gorman house arts centre, batman street, braddon
t: 02 6248 5057 f: 02 6248 5733 e: us@cytc.net w: www.cytc.net abn 99 470 855 403



members details – please fill in YOUR details (Mum and Dad's stuff comes later)

name

address postcode

home phone your mobile your email

date of birth age school year

occupation phone

medical conditions

doctor's name doctor's phone

Do you identify as an Aboriginal/Torres Strait Islander? Yes, I do identify as an Aboriginal/Torres Strait Islander No, I do not identify as an Aboriginal/Torres Strait Islander

Are you from a non-english speaking background? Yes, I am from a non-english speaking background No, I am not from a non-english speaking background

parents / guardians

These are the people we contact in the event of an emergency. Please fill this section in clearly.

name	<input type="text"/>	name	<input type="text"/>
relationship	<input type="text"/>	relationship	<input type="text"/>
address	<input type="text"/>	address	<input type="text"/>
phone (work)	<input type="text"/>	phone (work)	<input type="text"/>
phone (home)	<input type="text"/> mob <input type="text"/>	phone (home)	<input type="text"/> mob <input type="text"/>
email	<input type="text"/>	email	<input type="text"/>
occupation	<input type="text"/>	occupation	<input type="text"/>

workshop choices

Please tell us your choices 1 & 2. Some workshops fill up quickly, others do not have enough enrolments.

If you only give one choice, you may miss out completely! If you need more information or have any questions please call cyt on 6248 5057.

1st choice Please enrol me in both workshops

2nd choice

How did you hear about CYT? Friends Parent School Newspaper TV

Other

Please note we'll phone you if there's a problem with your first choice and send out a letter to confirm your enrolment in the week prior to the start of the semester.

photo permission

for members under 18 years

for members over 18 years

I

as parent/guardian of

grant Canberra Youth Theatre company permission to use images of my child/me for the purposes of use in any CYT publications (all media), exhibitions, and CYT marketing and publicity.

I understand that this may include my child's/my name and the place and date the image was made being publicly accessible.

signed date / /

payment details

Please select the amounts applicable and record the total. To participate in workshop you must be a member. Membership is annual and per calendar year.

<input type="checkbox"/> A. Membership	\$ <input type="text"/>	OR	<input type="checkbox"/> D. I have arranged instalments and enclose	\$ <input type="text"/>
<input type="checkbox"/> B. Workshop Fee	\$ <input type="text"/>		being the first of <input type="text"/> payments.	
<input type="checkbox"/> C. Workshop Fee	\$ <input type="text"/>			
Payable with enrolment.	TOTAL <input type="text"/>	<input type="checkbox"/> Donation (Tax Deductible)		\$ <input type="text"/>

Mastercard Visa

card number

card holder's name expiry date /

signed date / /