



Easter Workshop Application Form

STUDENT INFORMATION

Full Name :

Gender : Male Female Non-Binary

Date of Birth : / / Address:

Email : Line 2:

Any pre-existing medical conditions? Town:

Any Allergies: City:

Do you currently attend any acting classes? Post Code :

PARENT OR GUARDIAN INFORMATION

Contact 1 : Contact 2 :

Tel Number : Tel Number:

Email address: Email address :

WORKSHOP DAYS Monday 11th April to Thursday 14th April 2022

Monday: Tuesday: Wednesday : Thursday : All Four Day:

£50 PER DAY OR £185 FOR ALL FOUR DAYS

To confirm your place please transfer 10% deposit to the following account
Lloyds Bank, [Italia Conti Arts Centre Account 68547468 Sort 30-93-74](#)

I acknowledge that I understand the requirements, guided learning hours and the nature of the study programme. I can confirm that this course is suitable for the student. I have transferred my deposit of 10% (payable on completion of this form) and understand that the balance must be paid 1 weeks prior to the course commencement date or my place will be re-allocated. I understand that the Arts Centre Guildford will only collect information in line with the relevant services we provide.

Parent or Guardian
Signature
