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| **Please complete this form and include the details we will need to be able to contact you directly**  As this is a Word document it is possible to complete it on your computer, save and return it. *Thank you* | | | | |
| Name | | | Date of Birth | |
| Mobile Number | | Landline number (if necessary – not everybody has one, now) | | |
| Email | | | | |
| Home address (including postcode) | | | | |
| **Emergency Contact** | | | | |
| Name | | | | Telephone or mobile number |
| Relationship to participant |  | | | |

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| **Medical Conditions** Please write below if you have any medical conditions or needs we should know about. Alternatively, telephone us if there’s anything you’d like to discuss. Please include any allergies (**including allergies to any make up**) or medical/physical/dietary requirements (including prescribed medication) in case of emergencies. |
| Name, address & telephone number of GP |

Please return the form to **Natalie Sinnadurai** natalie@theatreroyal.org

or **Theatre Royal, Westgate Street, Bury St Edmunds, Suffolk, IP33 1QR**

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| The following questions are to give us an idea of your interests and skills. |
| **Act Your Age** is a project focussing on having-a-go at developing new theatre skills. Please state below your range of interests and what you enjoy doing with regard to theatre making. |
| Do you play a musical instrument(s)? If so, please name them and let us know to what level? |

We may occasionally take photos or videos of participants during the sessions and performances, to be used for archive, evaluation, advertising and promotional purposes, and these may be shared with other participants. No names will be used unless express permission is sought.

Do we have your permission to take photos or videos for these purposes?

Please circle: **YES / NO**

Signed: Date: