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| **Please complete this form and include the details we will need to be able to contact you directly**Deadline by which to receive the registration forms: Friday, 25 October 2019Date of the Audition: Sunday, 17 November 2019 |
| Name | Date of Birth |
| Mobile Number | email |
| Name of Parent / Guardian (if under 18): |
| Home Phone Number | Parent / Guardian Mobile Number |
| Parent / Guardian email |
| Home address (including postcode) |
| **School**: Name of Head TeacherName of Schooladdress & telephone |  |
| **Participant’s Emergency Contact** |
| Name | Telephone |
| Relationship to participant | Alternative telephone |
| **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** |

Signed: date:

parent/guardian continued overleaf /.....

I give parental consent for my child to be photographed and videoed throughout the day on 16 November 2019 during the Auditions for *Oliver Twist* for Theatre Royal Bury St Edmunds.

**YES [ ] NO [ ]**

Child’s Name:

Parent/Guardian Name:

Signature: