Foundation Course in Acting • Young Studio

Application Form 2017–18

First Name		Surname
O Male	○ Female	
Address		
Telephone Home		
Work		
Email		
I prefer to be co		one O mobile O work phone O email
Date of Birth		
Foundation	or: (please tick one or both Course in Acting (minimur lio (minimum age 17)	
	an audition time. The follow as on Auditions on page 26	wing are dates when I am NOT available for audition s):
	he evening of Tuesday 12 S	September free in case I am invited for a second
		stand the commitment involved.
O I intend, if a	ccepted, to go through the	whole year's course.
O I undertake	to attend all classes punct	ually unless quite unavoidably prevented.
I undertake, (Please tick all boxe	, if accepted, to pay the appers)	propriate fees on time.
Signed		
Date		