



FAME

The Musical

CO2 Registration Form

**Please bring this form with you to register for
FAME**

Name _____

Address _____

_____ Post Code _____

Home Tel No. _____ Mobile No. _____

Email address _____

Contact Tel. No. for rehearsals (if different to those above) _____

Date of Birth _____ Age last birthday _____

Previous experience (e.g. dance, drama, music, membership of another group/dancing school)

Signature of Applicant _____ Date _____

Name of Parent or Guardian if you are 17 years or under

Signature of Parent / Guardian _____ Date _____

(Required if Applicant is 17 years or under)

Please note that in signing the above, you are also signifying your permission for your name, address and contact details to be included in a database, from and through which information may be circulated to the membership.