



**REGISTRATION FORM**

**SENIOR CLUB 2017/18**

STARTS October 2017 !

CENTRAL PARIS

Final Performance June 2018

SURNAME.....FIRST NAME.....

ADDRESS.....

DATE of BIRTH.....SCHOOL.....

**STUDENT CONTACT DETAILS**

TELEPHONE (Home).....(Mobile).....

EMAIL.....

**PARENT / GUARDIAN CONTACT DETAILS**

NAME of PARENT / GUARDIAN.....

TELEPHONE (Home).....(Mobile).....

EMAIL.....

EMERGENCY CONTACT (if different).....

SIGNATURE .....DATE .....

Please describe any health problems that may affect your participation in the workshops.....

How did you hear about DTY?

Have you attended a Drama Ties workshop in the past? When?

Please return this form with a cheque for 515 € (for 48 hours of workshops and rehearsals) made payable to Drama Ties to the following address: Association Drama Ties, 66 bis rue Albert, 75013 PARIS

Confirmation will be sent by email.  
Places are offered on a first come, first served basis. MAXIMUM 14 PLACES.  
Cheques will not be cashed until after the first session.  
We reserve the right to cancel the course before the start date if there are insufficient enrolments.