



**REGISTRATION FORM  
SENIOR CLUB 2018/19**

STARTS October 2018 !  
CENTRAL PARIS  
Final Performance June 2019

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 565 € (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.

*Licence d'entrepreneur de spectacles (2ème catégorie) : 1070415*  
siège social : MVAC, Paris 20