



## COURSE / WORKSHOP APPLICATION FORM

### PERSONAL INFORMATION

SURNAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

EMAIL: \_\_\_\_\_

D.O.B: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

MEDICAL CONDITIONS (please list any medical conditions that we should be aware of):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### COURSE / WORKSHOP INFORMATION

COURSE / WORKSHOP NAME: \_\_\_\_\_

### DECLARATION AND SIGNATURE

If the applicant is under 18 years of age, this form MUST be co-signed by their legal Parent / Guardian

- I have read and agreed to The Performance Studio Enrolment Terms and Conditions.
- I have read and signed The Performance Studio Declaration Form.
- I declare that the above information is accurate and correct to the best of my knowledge

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please Note** – If you knowingly withhold relevant information, The Performance Studio reserves the right to terminate your position in any course / workshop immediately.

