

Application form

I / we would like to become a Friend / Friends of Petersfield Youth Theatre.

Name(s) _____

Address _____

Postcode _____ Telephone _____

I enclose a cheque for £10 (1 year's single membership)

I enclose a cheque for £15 (1 year's family membership)

Return application form and payment to:

Friends of Petersfield Youth Theatre
PO Box 125, Petersfield GU32 1WD