Membership Application Form

Annual subscription £20

Petersfield Youth Theatre

Deadline: 6 April 2020

Personal Details

Name _____

Address _____

_____ Postcode _____

Telephone _____ Date of birth _____

Email _____

School Details

School Name and Year Group _____

Parents / Guardian Details

Mother / Guardian's Name (For under 18's)_____

Email_____Mobile_____

Father / Guardian's Name (For under 18's)_____

Email_____Mobile_____

Medical Details and Personal Information

please use a separate sheet if required

Do you suffer from any allergies or medical conditions? If YES, please give details.

_____

Is there anything else you feel we should be aware of concerning welfare?

_____

Declaration

- I enclose cash / cheque (made payable to PYT) for £20.00 or
- I have paid online: CAF bank 40-52-40, a/c 00028502, please reference FM then applicant's name

  Date paid online: _____
- I have read and understand the PYT Guidelines at http://www.petersfieldyouththeatre.org.uk/policies

Signed _____ Print _____
Parent / Guardian if under 16

Return application form to: **Petersfield Youth Theatre, The Space, 2a Heath Road, Petersfield, GU31 4DU**
Email: info@pyt.org.uk Tel: 01730 266730

Here at PYT we take your privacy seriously and will only use your personal information to administer your membership and contact you with relevant PYT notices.

☐ **Please tick this box to consent to us using your data for this purpose**

Please read our full privacy notice at http://www.petersfieldyouththeatre.org.uk/