

# Membership Application Form

Annual subscription £20

**Deadline: 6<sup>th</sup> September 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
- 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](mailto: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/>