

Membership Application Form

Annual subscription £20

Deadline: 6 January 2021

Bursaries available: for more information go to www.pyt.org.uk/join

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/>