



TYDA HOLIDAY WORKSHOP ENROLMENT FORM

Student name:

First: _____ **Last:** _____

Grade _____ **Age** _____ **Date of Birth:** _____

Which school do they attend? _____

Parent/Guardian Name: _____

Address: _____

Mobile: _____ **Home Ph:** _____

Email: _____

Name of second contact _____ **Ph:** _____

(in case of emergency)

Medical/Behavioural Conditions: _____

Any other Info (including custody arrangements) _____

How did you hear about the Workshop? _____

Payment: Direct Deposit. \$120 for 3 days

Acc Name: Thornton's Youth Drama Academy (Please write child's name as reference)

BSB: 034 153

ACCOUNT NUMBER: 248 176

***Do you give Thornton's Youth Drama Academy permission to use photographs taken during the workshop for promotional purposes?**

YES _____ **NO** _____

(Images will only be used to promote TYDA's drama classes and workshops)

***I have signed the waiver and returned it with this form.**

*** I understand that payments are not refundable after 48 hours before the workshop beginning.**

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

****On final day of workshop students are to wear all black (TYDA shirt if they have one)****