



MUSICAL THEATRE WORKSHOP

February 10 and 11, 2018

ENROLMENT APPLICATION

Name: _____

Address: _____

D/O/B: _____

Workshop is for participants 17+ years.

Please note: proof of age may be required on the day of the workshop.

Theatrical Experience: (use back of sheet if necessary)

Contacts

Phone:

Email:

Are you on Facebook ?

Your Facebook contact:

Please save and email this completed form to info@tareeartscouncil.com.au
or post to P.O. Box 333 Taree NSW 2430