



## WORKSHOP FORM

DATE: \_\_\_\_\_

NAME AND VENUE OF WORKSHOP

\_\_\_\_\_

ACTOR'S NAME AND AGE

\_\_\_\_\_

PARENT'S NAME

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

PHONE

(H) \_\_\_\_\_ (M) \_\_\_\_\_

EMAIL

\_\_\_\_\_

TOTAL AMOUNT PAID: \_\_\_\_\_

METHOD OF PAYMENT: chq \_\_\_\_\_ visa \_\_\_\_\_ M/C \_\_\_\_\_ CASH \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ SIGN: \_\_\_\_\_

- Please make cheques payable to: Brisbane Junior Theatre
- Contact: Debbie Bradford – 0438 896 436