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**www.crescent-theatre.co.uk**

**Box Office 0121 643 5858**

The Crescent Youth Theatre

**ADMISSION FORM**

**September 2023 - July 2024**

Please complete and return to the Crescent Theatre Members Manager with **one** **passport-sized** **photograph** and **a copy or original birth certificate** (the original can be photocopied and returned to you). Form and photo May be sent electronically to the Members Manager via email to

membership@crescent-theatre.co.uk

**The form must be completed and signed by a Parent/Carer/Guardian.**

Name of child ………………………………......................................................................................

Address………………………………………………………………………………………...................…

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Postcode…………………………………….

Date of Birth……………………….....................................

Age......................

Name and address of School/College

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**MEDICAL INFORMATION**

**If an inhaler or epipen is required, please ensure that it is with your child when in attendance at the theatre or involved in any other Crescent Youth Theatre offsite activity**

Name of Parent/Carer/Guardian........................................................................................................

Relationship to child............................................................................

Address (if different to child)...........................................................................................................

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Postcode...........................................................................................................................................

Telephone (mobile)..........................................................................................................................

Email.................................................................................................................................................

Please print email address

I agree/do not agree to my child being photographed for Crescent Theatre publicity use only.

Delete where appropriate

My child (under the age of 16) may/may not leave the theatre during the break to attend the local shop.

Delete where appropriate

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Signature ………………………………………………..………........................Parent/Carer/Guardian

Date ……………..........................................

**Parent/Carer/Guardian EMERGENCY contact numbers (if they are different from above)**

Name of Contact ……………………………………………………………………................................

Relationship to child.........................................................................................................................

Telephone (mobile) …………………………………………………………………………….................

The subscription for membership of the Crescent Youth Theatre is £75 per term or £200 for the whole year. This is payable to the Crescent Theatre box office by telephone (0121 643 5858) with credit/debit card, or by card/cash/cheque in person at the Crescent Theatre Box Office.

Cheques should be made payable to ***‘****The Crescent Theatre Limited’*.

Please write your child’s **full name** on the back of the cheque.

All fees should be paid by the **second week** of each term.