

Application Form

Please attach
a recent photograph

Name _____

Date of Birth _____ Age _____

Address _____

_____ Postcode _____

Daytime Tel _____

Evening Tel _____

Email _____

Emergency Contact Name _____

Telephone _____

Previous Experience/LAMDA Examinations etc _____

Do you have any special requirements or medical conditions that we should be aware of? (All information will be held in strict confidence) _____

Any other information _____

Course(s) applied for (in order of preference

1 _____ £ _____

2 _____ £ _____

I enclose a cheque for £ _____ made payable to **Maddermarket Theatre**
(Please write your name and course on the reverse of the cheque)

PLEASE NOTE £15 of your course fee will be taken as a non-refundable deposit as security against last minute cancellations

Return to **Education Dept. Maddermarket Theatre, St. John's Alley, Norwich NR2 1DR**
Tel **01603 628600** / email: mmtedu@btconnect.com