



# ZPAC THEATRE INC

## 2012 YOUTH THEATRE ENROLMENT FORM

**JUNIOR THEATRE**

**TRANSIT TEENS**

**TEEN THEATRE**

**STUDENT DETAILS:** Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Student Mobile \_\_\_\_\_ Student Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age Next Birthday: \_\_\_\_\_

**PARENT DETAILS:** Full Name: \_\_\_\_\_ Phone (H) \_\_\_\_\_

Parent Mobile \_\_\_\_\_ Parent Email \_\_\_\_\_

**EMERGENCY CONTACT:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**ACTOR/ACTRESS** (please tick)

Drama      Singer      Comedy      Dancing      Musical      Gymnastics      Callisthenics

Musician (Instrument) \_\_\_\_\_ Other \_\_\_\_\_

**Previous Theatre Experience:** \_\_\_\_\_

**Please indicate below your areas of interest or expertise:** (please tick)

Acting      Production      Artwork      Wardrobe      Lighting

Stage Management      Front of House      Other \_\_\_\_\_

**Privacy Statement** Z-PAC Theatre Inc collects information about you for the purpose of conducting Youth Theatre Classes each week and presenting Public Productions. Our staff may disclose information about you to other organizations for the achievement of these purposes. Staff is bound to protect confidentiality of information provided under Z-PAC Privacy Policy and Privacy Act 2001. Access to your personal information can be gained by contacting The Secretary PO Box 120 Hervey Bay 4655

- I agree to abide by the rules and regulations as set out by Z-PAC Youth Theatre Directors.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/2012

- I agree to pay the nominated fees on a semester or annual basis.
- In case of a medical emergency, I hereby authorise Z-PAC Theatre to take all steps necessary to ensure the safety and wellbeing of my child / children
- As the Theatre relies heavily on the use of photos and videos to promote and publicise shows in print media on television and on our Web Site we require you to provide consent to publish by signing the following agreement. If you do not wish images of your child to be published in the public domain please indicate clearly so that it can be put into our records. Please note that this does not stop the Theatre from using images of your child for their internal records and to video shows for the benefit of actors and their parents as a record of their achievements.
- I / We agree / disagree to provide consent to publish for our child \_\_\_\_\_

**Parent/ Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/2012

**Annual Fees - \$300 (includes membership)**

Form of Payment only: Cash, Cheque or EFPTOS facility available at sign-on

Full Year \$270 (includes discount of \$30 if paid in full)

Semester Fees \$300 (\$150 per semester - Sem 1 due by 17/2/12 and Sem 2 due 15/7/12)

**OFFICE USE ONLY**

FULL YEAR	SEMESTER 1 (FEB-JUNE)	SEMESTER 2 (JULY – DEC)
PAID: \$ _____	PAID: \$ _____	PAID: \$ _____
REC No: _____	REC No: _____	REC No: _____
DATE: ____/____/2012	DATE: ____/____/2012	DATE: ____/____/2012