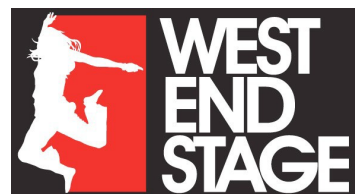


APPLICATION FORM 2024

Please complete in **BLOCK CAPITALS**.



DESIRED WEEK OF ATTENDANCE

5th – 11th AUGUST

12th – 18th AUGUST

19th - 25th AUGUST

PURCHASER / PARENT or GUARDIAN

Surname Forename Sex *M / F*

Address

County Postcode

Home Tel Mobile Tel

Relationship to Student Email

Is the purchaser the student parent or guardian? Yes / No

STUDENT DETAILS

Surname Forename Sex *M / F* Pronouns

Preferred Name (if different to Forename)

Address

County Postcode

Home Tel Mobile Tel

Date of Birth Email

Age (*at time of course*) Attended the summer school previously? Yes / No

ALTERNATIVE EMERGENCY CONTACT (must be completed)

Surname Forename Sex *M / F*

Address

County Postcode

Home Tel Mobile Tel

Relationship to student

HOW DID YOU HEAR ABOUT WEST END STAGE SUMMER SCHOOL? (*please tick*)

Friend/Family Newspaper Ad Google Search Flyer/Leaflet

Theatre Programme (which show/venue?) Other (please explain)

APPLICATION FORM 2024

Please complete in **BLOCK CAPITALS**.



PLEASE GIVE BRIEF DETAILS OF ANY ARTS TRAINING OR EXPERIENCE TO DATE

(State any previous performance experience: school, amateur or professional experience)

MEDICAL CONDITIONS / CIRCUMSTANCES OF WHICH THE SCHOOL SHOULD BE AWARE?

Yes / No

Details and Medication:

(Any medical information provided is used only for the purpose of ensuring that appropriate arrangements are made to enable a student to participate in classes without danger to their health, and, in the event of a medical emergency, to be provided to the emergency services.)

DOES THE STUDENT HAVE ANY SPECIAL DIETARY REQUIREMENTS?

Yes / No

Details:

WILL THE STUDENT REQUIRE ONSITE ACCOMMODATION WITH US IN LONDON?

Yes / No

(West End Stage is able to provide secure, supervised accommodation at an extra cost, details of which can be found on our website.)

IF NO, PLEASE CHOOSE ONE OF THE FOLLOWING:

Bring your own lunch

Lunch provided by West End Stage (additional cost: £40)

(West End Stage is able to provide lunch at an extra cost, details of which can be found on our website.)

DECLARATION BY PARENT / GUARDIAN

I _____ being the Parent / Legal Guardian of

declare that the information given in this form is correct. I further agree to the Terms & Conditions as set out on the company website (www.westendstage.com)

I enclose **DEPOSIT £250 / FULL PAYMENT WITHOUT LUNCH (£695) / FULL PAYMENT WITH LUNCH (£735) / FULL PAYMENT WITH ACCOMMODATION (£1345)** (*please circle*) by cheque payable to **West End Stage**.

Alternatively you can make a bank transfer to the below account using the **student name as reference**:

NatWest, Account Number: 27037223 Sort Code: 52-21-43

Please return this completed form to: **West End Stage, 49 Greek Street, London, W1D 4EG**

Please note all outstanding balances must be settled by 1st June 2024.

Signed

Date

The personal data included in this form will be processed by West End Stage for the purpose of administration only.

WEST END STAGE, 49 GREEK STREET, LONDON, W1D 4EG
www.westendstage.com info@westendstage.com +44 (0) 207 8367947