



**BRONZE**

# The Artshouse Drama Club

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Child's name	
Date of Birth	
Address:  Postcode:	
Telephone number:	
E-mail:	
School:  Year:	
Name of parent or guardian:  Alternative telephone number: of	
Please give any medical details of which we should be aware:	
We would like permission to use images on The Drama Club's website or social media page	Please circle one:  Yes                      No
Signature:	