



ENROLMENT FORM

Which location are you enrolling in:

Brisbane

Student Information

Name School

Date Of Birth Age

Medical conditions (including food allergies) that the instructors should be aware of

.....
.....
.....

Parent/caregiver information

Name Relationship

Address Postcode

Home Phone Mobile Phone

Work Phone Email

In case of emergency

Name Relationship

Home Phone Alternate Phone

Consent

I give permission for

to participate in La Boite's Young Actors Company workshop program. I understand that if my child does not follow instructions properly or is acting in ignorance of an instruction or direction given to them by their La Boite workshop tutor, I (the parent or guardian) will not hold La Boite Theatre Company co pty ltd and/or its directors liable for any loss or damage incurred by my child.

I give permission for La Boite theatre company to use images/video or testimonies of my child/children from the workshop for promotional purposes: Yes No

Signature Date

Please scan the completed enrolment form and email to info@laboite.com.au or you can post it to La Boite Education,
PO Box 232, Red Hill LPO, QLD 4059

Payment details:

Total number of participants.....

Payment type (please circle): MasterCard Visa Amex

Name on card:.....

Cc number:.....

Expiry:..... Ccv:.....

Do you hereby give consent for la boite to debit this payment to the provided credit card details above?.....

Payment by Direct Deposit

BSB: 064-183

Acct #: 1034 8457

Name: La Boite Theatre Company

Reference: Please include full name and reason for transaction (eg. John SmithYAC)

Note: If you require an alternative payment plan please contact us on 3007 8600 to discuss



La Boite Theatre Company

P: 07 3007 8600 F: 07 3007 8699 E: info@laboite.com.au