



# ENROLMENT FORM

# THE MONOLOGUE PROJECT

### Student Information

Name ..... School .....

Date Of Birth ..... Age .....

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

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.....  
.....

### Parent/caregiver information

Name ..... Relationship .....

Address ..... Postcode .....

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 send this form to [info@laboite.com.au](mailto:info@laboite.com.au).  
The Monologue Project is \$250.00

**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 would like to arrange a payment plan please email [info@laboite.com.au](mailto:info@laboite.com.au) or call 07 3007 8600.**



**La Boite Theatre Company**

P: 07 3007 8600 F: 07 3007 8699 E: [info@laboite.com.au](mailto:info@laboite.com.au)