

Fame Factory Theatre School

APPLICATION FORM

Stage School: *(eg. Neath, Pontyclun, etc)*

Students Full Name:

Date of Birth:

Age:

Parent / Guardian Name:

Address:

.....

.....

Phone:

Mobile:

Email:

Mainstream School:

How did you hear about FFTS?

Please note any medical

Please indicate if your child has any performing experience?

.....

Please note any questions or enquiries?

.....

1. Any student that gains professional work via FFTS Management *(or any of our contacts)*, commission will be deducted at the rate of 10 – 20% from all earnings.
2. I fully understand and acknowledge that FFTS and its members, will not be liable for any loss or damage to personal belongings.
3. I understand that from time to time photographs/videos may be taken during class, rehearsals and production for publicity purposes. If I have any objections, I will make this known to a teacher.
4. I agree to the above, to pay all fees in advance at the first session of each month, and understand that no reimbursements or reductions for absence are offered in any circumstances.

Parent / Guardian Signature:

Date: