



*Betty Ann Norton
Theatre School Ltd.*
& Agency Core Youth Theatre

NAME:..... Date of Birth.....

ADDRESS:.....
.....
.....

TEL:..... MOBILE:.....

EMAIL: _____

CLASS:.....

Day:.....

TIME:

FEEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE (I
AGREE TO ACCEPT THE SCHOOL RULES)

SIGNATURE.....

FEE €

€100 Deposit required