



WORKSHOP FORM

DATE: _____

NAME AND VENUE OF WORKSHOP

ACTOR'S NAME AND AGE

PARENT'S NAME

ADDRESS

PHONE

(H) _____ (M) _____

EMAIL

TOTAL AMOUNT PAID: _____

METHOD OF PAYMENT: chq _____ visa _____ M/C _____ CASH _____

CREDIT CARD #: _____

EXPIRY DATE: _____ SIGN: _____

- Please make cheques payable to: Brisbane Junior Theatre
- Contact: Debbie Bradford – 0438 896 436