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# Cantate Theatre School

Registration form

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Home \_\_\_\_\_

TelephoneWork \_\_\_\_\_

Email \_\_\_\_\_ (Essential)

Date of Birth \_\_\_\_\_

I would like to apply for a place on:

Main Saturday Morning School \_\_\_\_\_

Little Starlets Saturday Morning School \_\_\_\_\_

I have read the terms and conditions and I accept them. I enclose a cheque for  
\_\_\_\_\_ made payable to 'Cantate'

SIGNED BY PARENT \_\_\_\_\_

DATE \_\_\_\_\_

Please either hand in send your completed form to us at a session or send to the address above.