

APPLICATION FORM

BLOCK CAPITALS PLEASE

Name _____

Address _____

Date of Birth

Parent/Guardian Tel. No.

Participant's Mobile No.

Participant's email address

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Name of School

Parent/Guardian Signature

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I wish to book a place on

Stagewise One:4th July - 9th July (12-15yrs)

Signature

OR

Stagewise Two:11th July - 16th July (15-18yrs)

Signature

Please enclose booking deposit of €150.00

PLEASE MAKE CHEQUES PAYABLE TO:

STAGELINES

Return to: Freda O'Donoghue
Beechlawn, Ballinasloe, Co. Galway
Telephone: 090 9643338