



NAME _____

ADDRESS _____

DATE OF BIRTH _____

TEL No _____

MOBILE _____

EMAIL _____

SCHOOL (in Sept) _____ SCHOOL YEAR (in Sept) _____

WHY DO YOU WANT TO JOIN YOUNGSTAGERS? _____

HAVE YOU SEEN ANY OF OUR SHOWS BEFORE? _____

OTHER HOBBIES & COMMITMENTS _____

ANY MEDICAL CONDITIONS _____

MOTHERS NAME _____

MOTHERS ADDRESS & TEL No _____

JOB _____ HOBBIES _____

FATHERS NAME _____

FATHERS ADDRESS & TEL No _____

JOB _____ HOBBIES _____