

Application Form	
I apply for my Son/daughter/self _____	
To join Theatrix Theatre Company	
Signed _____	
Parent/Guardian/self	
Date _____	
Name	
Address	
Town	
Postcode	
Tel	
Mobile	
Date of Birth	
Height	
Chest	
Waist	
Hips	
Shoe size	
Medical Conditions	
Emergency Conditions	
Name	Tel
Name	Tel
Name	Tel

Return to:-
Theatrix Theatre Company
South Douglas Old Friends Association
Victory Hall
Finch Road
Douglas
IM1 2PX