

DEBEN PLAYERS MEMBERSHIP APPLICATION FORM

In the interests of safety, junior members should note it is essential to include names of parents and for a parent to sign this form. Also parents should be aware that during productions you will be expected to assist in some capacity, so please tick your preference in the brackets below.

Family members please include all names and ages of children under 16 and indicate interests by ticking appropriate box

SURNAME ; _____ TELEPHONE NO _____

ADDRESS: _____ POSTCODE _____

E-MAIL ADDRESS: - _____

TITLE	FIRST NAME	Date of Birth (under 16 only)	SINGING	DANCING	ACTING	SOUND	LIGHTING	COSTUMES	P R O P S	BACK STAGE	PUBLICITY

Medical Information Please use space below to indicate any medical conditions you think we should be aware of. Eg asthma.

Membership Fees **Family £30** **Adult £20** **Junior £10** **Signed** _____ **Date** _____

Please make cheques payable to the Deben Players and send together with this form to :
 Membership Secretary, Mrs Beryl Sabel, 4 Hamilton Court, Hamilton Gardens. Felixstowe, Suffolk. IP11 7ET - Telephone No 01394 272494
 If your home is in suitable position to display a large poster please tick box.