

Careline Theatre Membership Registration Form

Please complete this form without modesty or inhibition to provide a clear and concise record for the purpose of reference within the group. In the future, any details can be amended, by contacting the membership secretary. Hazel Worrall Casa Mirasol Buzon 02065 Lliber 03729

Tel: 96 573 3096. Email: hazcol@telitec.com

PLEASE WRITE LEGIBLY

Surname First Name

Address

Town Post Code.....

Alicante

Telephone Numbers e-mail Address

Age Group: Junior..... 16+..... 25+..... 35+..... 45+.....55+.....

Please tick the categories that interest you

Acting
Singing
Dancing
Musician

Back Stage
Light & Sound
Stage design
Make up

Ticket Sales
Front of House
Hairdressing
Wardrobe

Programme production
General Administration
Choreography
Directing

Experience: Please tell us if you have any previous roles and experience in the theatre:
(Parts played, Chorus, Back stage involvement. Etc)

I reside in the Area Permanently/ Part time

I agree to become a member of Careline Theatre.
An Official Registered Spanish Charity Association C.I.F.G.53. 719. 837

Membership Fee

10 Euros

Per Year

*Please enclose
membership fee
with this form*

Signature Date.....