



## Registration Form

Name

Date of Birth:  Age:

Are you? Male  Female

Your Address

Postcode

|                                 |                      |
|---------------------------------|----------------------|
| Telephone                       | <input type="text"/> |
| Mobile                          | <input type="text"/> |
| Email Address                   | <input type="text"/> |
| Emergency Contact Name & Number | <input type="text"/> |

How did you hear about us?

In what capacity are you interested?

Participant  Volunteer  Both

Which workshop/s, social sessions are you interested in?

Drama/Acting  Guitar  Creative Writing / Poetry   
 Arts & Crafts  Songwriting  Music Production / Recording   
 Book Club  Radio  LGBT Social Session

Thanks for your interest. You will hear from us very soon.