



The Theatrical Family
Artistic Director: Steve Hulse
Patron: David Streames

MEMBERSHIP FORM

General Information				
Name				
Date of Birth		Age		Address
Email Address				
Phone Number				
Emergency Contact Information				
Name				
Relationship to Member		Phone Number		
Medical Information				
Please use this box to inform us of any medical conditions you/your child has, along with any treatments/medications used to support the condition.				
Condition		Treatments/Medications		
Additional Information				
Please use this box to add additional information.				

By signing this form you agree to Chameleon Productions terms and conditions as displayed on their website.

NAME
(Print)

SIGNATURE

Name of Child