## BYT: JUNIOR PROJECT: FANTASTIC MR FOX CAST ENROLMENT AND CONSENT FORM

DIRECTOR: Karen Anderson - ASSISTANT DIRECTOR: Oli Bisset

DATES: REHEARSALS Thursday 10th to Friday 18<sup>th</sup> April 2025 10am to 5pm

PERFORMANCES Friday 18<sup>th</sup> at 7pm and Saturday 19<sup>th</sup> at 3pm and 7pm April 2025

AGE: 8 to 12 years (S1)

PLACE: Rehearsals and performances Corn Exchange, Market Square, Melrose, TD6 9PN.

To book a place, please complete this form and email to <a href="mailto:info@bordersyouththeatre.scot">info@bordersyouththeatre.scot</a>

FEE: for full project - £130 Please see note on page 2 about fees.

Name						
Date of Birth	Present age					
Address incl postcode						
Contact telephone no(s)						
Contact e-mail if possible						
Emergency Contact						
Names and numbers						
Name and Address of						
Doctor						
Parents/Carers must inform BYT of any special needs, medical conditions, allergies or						
medications. Please give any relevant info	ormation he	ere (continu	e on next	page if ne	eeded.)	
					1	
I give permission for		Please tick appropriate		Yes	No	
T give permission for						
Leaders to provide first aid and/or seek professional medical help in						
emergency						
The participant's details to be held on a database for membership						
purposes only. E-mail will only be used to contact you for publicity for BYT						
and other Arts events.						
Photographs or video images of BYT activities, which may involve the						
participant, to be used in BYT publicity, promotional or performance work.						
This may include use on our website.						
Name: is allowed out unaccompanied at break times						
I have read the note below about fees for this project						
I Enclose a non-refundable £50 deposit						
Balance due 31 <sup>st</sup> March 2025						
Full Fee £130 due by 9th April 2025						
I would like to order a souvenir tee shirt	Cost £15	Υ	N	Size		
Signature of Parent/Carer			Date	Date		

**Note on Fees:** The real cost of this project will be around £270 for each young person. We work hard to find other funding for projects and can reduce this to a fee of £130. We are very aware of the financial pressure on families at present and will try to help even more with reduced fees where necessary. **Please simply contact us to discuss this – email** info@bordersyouththeatre.scot

## TO PAY BY BANK TRANSFER- PLEASE USE THE DETAILS BELOW

PLEASE NOTE:- Our Bank details have changed
Bank Name: Unity Trust Bank
Account name: Borders Youth Theatre
Sort Code: 60-83-01
Account Number: 20425733
Please use your child's name and FOX25 as a Reference Thank you.
07392 824301 info@bordersyouththeatre.scot
Please tick below if you are willing to lift share and are happy for me to pass on your email and/or phone number to other participant's parents in your area –  Email Phone Medical Information continued
Data Controller – The Trustees & Workshop Co-ordinator.  Data Processor - Eula Wilkin