

StageScreen Registration Form

Student's Name: _____

Age: _____

Address: _____

I wish to register for StageScreen50/50, Adult Introductory Course, Adult Acting Diploma (please circle one)

I wish to sign up for a term/ a year (please circle one)

Parents/Guardian's Contact Information (if under eighteen)

Phone Number _____ Email _____

Please return this form completed and one hundred euro deposit (check made payable to Conor Armstrong Sanfey) to StageScreen, 42 Pinecose Road, Dundrum, Dublin 16.

Signed _____

NB: Completed registration form is taken as acceptance of our terms and conditions as laid out on our website.