Registration form 2026/2027

Name of participant:

Date of birth:

Medical/dietary information:

Name of parent/carer:

Contact number:

Alternative contact number:

Email address:

Address:

Signed (parent/carer):
Print name:
Date:

I give permission for my young person to have photos/videos taken which can be used by Sheringham Little Theatre for promotional purposes: YES/NO
(PLEASE CIRCLE)

Any information on this form will be shared with Sheringham Little Theatre.