

YOUTH THEATRE CONTACT SHEET

Please fill in the following details to receive further information about National Museums Liverpool Youth Theatre.

Name: _____

Age: _____

Home address: _____

_____ Postcode _____

E-mail address: _____

Home telephone number: (optional) _____

Mobile telephone number: _____

Do you belong to any existing youth groups? (Please tick) YES _____ NO _____

If YES, which one(s)?

Why are you interested in joining our Youth Theatre?

Are you interested in receiving further information about our events and activities for young people? (Please tick) YES _____ NO _____

How would you most like to receive information? (Please tick)

Post _____ E-mail _____ Telephone _____ Text message _____