Term 4 Workshop Enrolment

22 October - 15 December



Name:			Telephone:	
Address:		,		Postcode:
School:	DOB:	Emai	Email:	
Emergency Contact Name:				
Email: Telephone:				
Special Notes about Participant:				
I (parent/guardian) grant Shopfront the right to make an audio/or visual				
recording of (participant name) for documentation or promotional purposes only.				
Please sign: (parent/guardian)				
Saturday Company: Funfair With Caitlin Newton-Broad and Kevin Ng Saturday 10am-12pm, 8-12 years Who is at the Shopfront FUNFAIR? Hawkers, Mind-readers, Tricksters, the Bearded Lady, Spider Boy, the Human Fireball? Create your own characters and script to make an original Funfair performance. Invite friends and fami- ly, adults and children alike to enjoy the Shopfront FUNFAIR at the end of the year, roll right up, spin the wheel, take a chance, bob for apples, play for treats and more besides Your imagination is the limit!				
WORKSHOP FEES				
Saturday Company: Funfair \$190 2013 Membership \$25 annual fee Membership is a compulsory yearly fee for paid workshops. This includes membership of the Shopfront \$25 annual fee Co-op, discounts to all shows & events during the year, members-only deals and information, and more. Membership fees are non-refundable.				
DISCOUNTS				
Early Bird - Receive a discount if you pay before Sat 19th October- \$30Bring a Friend - Receive a discount if you bring a friend and they sign up for a whole term- \$20Outreach Scholarship - Open to participants who are experiencing financial hardship-Contact Shopfront's Outreach Director on 9588 3948 or outreach@shopfront.org.aufor more information				
Total amount owing for this enrolment: \$				
PAYMENTS Please identify the Participant's Full Name when making a payment. Instalment payments can be made on request. Cash: In person at the Shopfront office Cheque: Make payable to Shopfront Theatre for Young People EFT: Account Name: Shopfront Theatre for Young People Credit Card: \$3 admin fee. Please fill in details below BSB# 032158 Account# 251930				
Credit Card Payment Slip				
Name on Card:				
Card Number: / / / / Card expiry date:/				
Fees +\$3 admin: \$				