

*The
Oliver Hurley
School of Musical Theatre*

Child's name: _____

Address:

Tel: _____

Mobile: _____

email: _____

Date of Birth: _____

Parent / Guardian Name: _____

Is there any medical conditions you wish to make us aware of?

Please send your completed form to:

***The Oliver Hurley School of Musical Theatre,
Beachfield,
Ballinorig South,
Tralee,
Co. Kerry
V92 F2CP***