

**SCHOOL OF PHYSICAL THEATRE
APPLICATION FORM**

Name -----

Address: -----

Postal/Zip Code: ----- Country: -----Phone: -----Fax: -----

Email: ----- Date of birth: -----

How did you hear about the School?

Brochure-----Poster----- Advertisement----- (please specify)

Web site ----- Professional Recommendation -----(please specify)

Other-----

Course of Study:	FULL TIME -----	Year	_____
	SUMMER INTENSIVE -----	Year	_____
	SUMMER THEMES -----	Year	_____
	PART TIME -----	Year	_____

Application Fee: (this fee is non-refundable and will be applied to your course fees)

Full Time	£50.00
Summer Intensive	£50.00
Summer Themes	£50.00

Method of payment: **Cheque:** ----- (this option is not available to students outside the UK)

Banker's Order ----- **Postal Order** ----- **Cash** ----- (we do not recommend that you send cash in the mail)

Bank Transfer ----- (please call/email for details if you wish to use this option)

Health Insurance: ----- **Country:** -----

If you are from outside the European Union what arrangements have you made for Health Insurance? Please explain:

I hereby understand and accept that all physical activity entered into in any programme or course offered by The School of Physical Theatre Limited is on a voluntary basis only. I take full responsibility in case of accident or injury, and hereby agree to indemnify and hold harmless any agent, employee, director, or any person associated with the School of Physical Theatre against any action whatsoever taken as a result.

Signed -----
Participant

Director
School of Physical Theatre

Date: -----

Date: -----

SCHOOL OF PHYSICAL THEATRE
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