



ORLA GILDEA
SCHOOL OF SPEECH & DRAMA

DRAMA FOR FUN AND CONFIDENCE BUILDING

Name: _____

Address: _____

Age: _____ **Date of Birth:** _____

Telephone No. _____ **Mobile No.** _____

Parent/Guardian _____

Is there a particular area you would like me to concentrate on with your child?

Any Allergies/Illness I should be aware of:

Fee Paid _____ **Date** _____

Signed: _____