



## Sponsorship Application Form

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School \_\_\_\_\_ Which group are they interested in joining? ACT OUT  ACT UP

Name of Parent/Guardian \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: Home/Mobile/Work \_\_\_\_\_

Address: \_\_\_\_\_

Post Code \_\_\_\_\_ Email \_\_\_\_\_

**All information will be stored in line with GDPR guidelines. All applications will be kept for one calendar year.**

How will your child arrive / leave?

a) Supervised - Dropped off/picked up from York House by \_\_\_\_\_

b) Unsupervised – walking home alone or with friends

(ACT OUT & ACT UP can not be responsible for children once they have left the York House Centre)

Where did you hear of this Sponsorship Scheme? \_\_\_\_\_

Why would your child like to join ACT OUT / UP?

Is there any other information you would like to share to support your application?

### Terms and Conditions of Sponsored Places

The sponsored place is for one academic year only, September 2018 to July 2019.

If a sponsored child does not attend three consecutive sessions without notification to the facilitator the sponsored place will be rescinded and offered to the someone on the waiting list.

If your child should choose to partake in the performances, please be aware that the performances or additional rehearsals may take place outside of normal ACT OUT/ACT UP class times. It is expected if a child commits to a performance they do not miss rehearsals or performances unless absolutely necessary as this will impact the other participants and the overall production.

Application for the sponsored place is open from the 29<sup>th</sup> August – 14<sup>th</sup> September. Successful applicants will be notified by the 18<sup>th</sup> September. Parents/Guardians will be added to the ACT OUT/UP mailing list. Participants may begin their sessions on the 20<sup>th</sup> September.

I have read, understood and agree to abide by the terms and conditions for this application;

Parent/Guardian's Full Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank You!

*Terrie Howey* ACT OUT/ACT UP founder and lead facilitator

