



## Family Application form Thriller! – October School holidays

Family Surname \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Mum/Dads name : \_\_\_\_\_ Mum/Dads Mobile \_\_\_\_\_

### Please enrol :

Child's name \_\_\_\_\_ age \_\_\_\_\_ DOB \_\_\_\_\_

Child's name \_\_\_\_\_ age \_\_\_\_\_ DOB \_\_\_\_\_

Child's name \_\_\_\_\_ age \_\_\_\_\_ DOB \_\_\_\_\_

Any medical emergencies, allergies, special dietary requirements we should know about ?

\_\_\_\_\_

<b>Cost</b>	<b>\$300</b>	<b>Early Bird price \$270</b>	( before 31 <sup>st</sup> August)
<b>2 Siblings</b>	<b>\$550</b>	<b>Early Bird price \$500</b>	
<b>3 Siblings</b>	<b>\$800</b>	<b>Early Bird price \$700</b>	

### 3 easy payment options:

#### Direct Deposit

ANZ Bank account number 905086806 - BSB 016 494  
(don't forget to put your child's name on the deposit info)

#### Cheque

Send a cheque made payable to Perth Children's Theatre to:  
Perth Children's Theatre , PO BOX 3442, Broadway, Nedlands, WA 6009

#### Visa/M/C

Name on Card \_\_\_\_\_ Amount \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Note : A 3% surcharge will apply for all credit card payments

I authorise Payment to PCT. Signed \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT or EMAIL form to : [Info@perthchildrenstheatre.com.au](mailto:Info@perthchildrenstheatre.com.au)**

Please complete this form and email it back to us.

**Important: You will be required to sign the form when you arrive for the first day.**