APPLICATION FORM

BATH ACADEMY OF MUSICAL THEATRE

NAME OF CANDIDATE:

ADDRESS:

TEL: MOBILE:

EMAIL:

DATE OF BIRTH: AGE: AS OF SEPTEMBER

NATIONALITY: GENDER:

PLEASE ATTACH A RECENT PASSPORT PHOTO

NAME OF PARENT/GUARDIAN:

ADDRESS FOR CORRESPONDENCE: IF DIFFERENT FROM ABOVE

EDUCATION & QUALIFICATIONS

HEALTH PLEASE LET US KNOW OF ANY LONG TERM HEALTH ISSUES THAT WE SHOULD BE AWARE OF

HOW DID YOU HEAR ABOUT BAMT?

PLEASE RETURN THIS APPLICATION FORM WITH THE AUDITION FEE OF £20 TO:
BATH ACADEMY OF MUSICAL THEATRE, 48 BLOOMFIELD RISE, BATH BA2 2BL
PLEASE MAKE CHEQUE PAYABLE TO "BAMT"