



ASPA EDUCATION

Take The Stage @ aspa



Discover and develop the performer within

Wednesday July 18 and Thursday July 19
Tara Anglican School for Girls, North Parramatta
9.30am - 4.30pm

Sing, dance, act and 'Take the Stage' these holidays with ASPA Education.

Performers will be mentored by our experienced team of performing arts specialists in this fun and inclusive program, held over two days. Through dynamic workshops in song, dance and drama, each ensemble will work together to develop an end of program showcase concert for friends and family. With workshops for boys and girls in Kindergarten to Year 8, 'Take the Stage' caters for first-time performers through to experienced young artists.



AUSTRALIAN SCHOOL OF PERFORMING ARTS

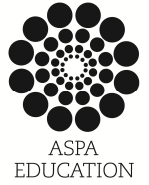
aspagroup.com.au



Take the Stage Registration Form

North Parramatta - July 18 & 19

9.30am - 4.30pm



PROGRAM SELECTION:

AGC Members \$160 Non-Members \$175

CHILD'S DETAILS:

Child's First Name: _____ Child's Surname: _____

AGC Level: _____ AGC Venue: _____
(if applicable) (if applicable)

Date of Birth: ____/____/____ Gender: Female Male

Name of school: _____ Year at School: _____

Where did you hear about the ASPA Education Holiday Program?

I am an AGC Member Friends with an AGC Member Past attendee ASPA website Flyer/Newsletter
 Electronic Mailer Word of Mouth Social Media (Facebook)

MEDICAL & PARENTAL PERMISSION

The information on this registration form is required to process your child's registration with the ASPA Education 'Take the Stage' Program. This information is subject to professional confidentiality and will not be disclosed to any third party except as required by law or for fee collection purposes. Australian School of Performing Arts may use photographs, audio and video recordings of my child participating in classes, programs and performance in promotional material. Further information can be obtained from the ASPA privacy policy available upon request. In the event of illness or accident while under our care I authorise the manager in charge to consent, where it is impractical to communicate with me, to my child receiving such medical treatment as may be deemed necessary.

Name (Parent/Guardian) _____ Signature _____

PARENT/GUARDIAN CONTACT DETAILS: (for Non-AGC members only)

Parent/Guardian: Mrs/Ms/Mr/Dr First Name: _____ Last Name: _____

Home Phone: _____ Work: _____ Mobile: _____

Parent/Guardian: Mrs/Ms/Mr/Dr First Name: _____ Last Name: _____

Home Phone: _____ Work: _____ Mobile: _____

Postal Address: _____ State: _____ Postcode: _____

Email: _____

Does your child suffer from any illnesses or allergies or have any special needs that we should be aware of: YES NO

If yes, please detail: _____

PAYMENT METHOD (Credit Card Preferred): CHEQUE or CREDIT CARD

CREDIT CARD DETAILS VISA or MASTERCARD

Cardholder's Name: _____

Expiry Date: ____/____ Amount: \$ _____ Signature: _____

Refund Policy – please note that if ASPA is advised of cancellation up to a week prior to commencement of the program a full refund (less an administration fee of \$20) will apply, otherwise a refund will only apply if inability to attend is due to illness and a doctor's certificate is provided.

Please return this form with full payment by **Friday July 6** in order to secure a place for your child.

Australian School of Performing Arts

POST: PO Box 417, Kew East VIC 3102

FAX: 03 9859 6830

EMAIL: headoffice@aspagroup.com.au

ABN - 76 053 469 891