



## Application Form

Please fill in all the details as specified below.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: M / F

Parent/Guardian: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

School/College you attend: \_\_\_\_\_

\_\_\_\_\_

Any medical conditions: \_\_\_\_\_

\_\_\_\_\_

Please send the completed application to:  
Lincoln Academy of Theatre Arts,  
The Old Dairy,  
Bedford Street,  
Lincoln. LN1 1NA

Tel: 01522 839177