

BAY THEATRE PLAYERS ANNUAL SUBSCRIPTION FORM – YEAR OF 2017

Adult \$25 Household \$50 Student \$20 Pensioner \$20

Please note: (i) a household may include any number of children - please list names and ages on this form
(ii) a student is in full time study and under 18 years
(iii) please list any additional household members overleaf

Family Name	First Name	Ages of children	Tel: Home	Mobile

Address			
Town/Suburb		Postcode	
Email address for newsletter			

Please indicate area/s of interest below – if more than one member on this form please put individual names against selection/s

Performer		Wardrobe		Publicity	
Director		Wigs		Front of House	
Stage Crew		Makeup		Building Maintenance	
Set Building		Costume Hire		Gardening	
Lighting and Sound		Bay Singers		Cleaning	
Scenery		Administration		Working Bees	
Youth Theatre		Mentor		Other	

Are there theatre skills you would like to learn/develop or teach/share?

Any other comments

Any special needs? Do you or any member of your family have any special needs we need to know about?

PLEASE RETURN THIS FORM WITH PAYMENT TO: The Registrar PO Box 392 BATEMANS BAY NSW 2536	DIRECT CREDIT DETAILS: Name of a/c Bay Theatre Players Inc BSB 641-800 A/C No 032114227	OFFICE USE ONLY Receipt No Date Entered
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**IF PAYING BY DIRECT CREDIT THIS FORM MUST BE COMPLETED & EMAILED TO: baytheatreplayers@gmail.com
ALONG WITH YOUR PAYMENT DETAILS INCLUDING DATE OF PAYMENT/REFERENCE/AMOUNT**

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PLEASE ALSO COMPLETE THIS CONSENT FORM

FOR PHOTOGRAPHY AND PUBLICITY INVOLVING BAY THEATRE PLAYERS INC

Name/s _____

Name/s of Child/ren: _____

I/we hereby confirm and certify that I/we am/are the parent/s or legal guardian/s of the above mentioned Minor Child/ren.

I/we understand and agree that photographs of me and my Minor Child/ren, may be used in the following manner: For press articles either in print or online; Posted on Bay Theatre Players Inc Website or Facebook page; For the purposes of publicity, promotion or advertising of Bay Theatre Players Inc and/or the current production in which I and/or my Minor Child/ren is/are participating.

I/we certify, acknowledge and agree as follows: (i) I/we am/are over the age of eighteen (18) and am/are legally competent to sign this Release; (ii) I/we have read this agreement carefully and understand its provisions

Today's Date: _____

Name (PRINT): _____ Signature: _____

Name (PRINT): _____ Signature: _____

IF YOU DO NOT CONSENT TO THIS PLEASE CHECK THE BOX BELOW



NO CONSENT FOR PHOTOS/NAMES TO BE PUBLICISED OR USED IN ANY MANNER OUTLINED ABOVE

Thank You