

Startime Variety Members Contact Details.

Members Name

Address

.....

.....

Postcode

D.O.B.

Telephone

Emergency Contact Name

Emergency Number

Do you suffer from, or have previously suffered from, any long term illnesses, e.g. epilepsy, diabetes, asthma, heart conditions, allergies?
If yes, please detail below.

For children aged 16 or under:

Parents name/s

Parents telephone number/s

Parents e-mail address

I give permission for my details to be kept by Startime Variety and to be contacted in relation to this show and any future Startime events.

Signed Date