



NATIONAL CHILDREN'S THEATRE CLUB REGISTRATION FORM

PARENTS DETAILS (PLEASE PRINT CLEARLY)

Mother's Details - Surname: _____ First Name : _____ Physical Address : _____ _____ Postal Address: _____ _____ Tel. Number (H) _____ Tel. Number (W) _____ Tel. Number (C) _____ Company Name: _____ Email Address: _____	Father's Details - Surname: _____ First Name : _____ Physical Address : _____ _____ Postal Address: _____ _____ Tel. Number (H) _____ Tel. Number (W) _____ Tel. Number (C) _____ Company Name: _____ Email Address: _____		
Details	Child 1	Child 2	Child 3
Last Name			
First Name			
Date of Birth			
Age			
Name of School			
Grade			

NATIONAL CHILDREN'S THEATRE TRUST

3 Junction Avenue, Parktown, Johannesburg, 2193

Tel: +27(0)11 484 1584 | Fax: +27(0)11 484 2667 | Fax to Email: 086 262 3620 | Info Email: admin@nctt.org.za | Web: www.nctt.org.za

Dated at _____ on this ____ day of _____ 20 ____.

As Parent _____ As witness _____

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NATIONAL CHILDREN'S THEATRE TRUST BANKING DETAILS

Account Name: National Children's Theatre Trust

Bank: First National Bank

Killarney- Branch No: 256205

Account No. 5486 0027 035