



# BETTY ANN NORTON

## THEATRE SCHOOL & AGENCY

NAME:..... Date of Birth.....

ADDRESS:.....  
.....  
.....

TEL:..... MOBILE:.....

EMAIL: \_\_\_\_\_

CLASS:.....

Day:.....

TIME:

FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE (I  
AGREE TO ACCEPT THE SCHOOL RULES)

SIGNATURE.....

FEE €

€100 Deposit required