



APPLICATION FORM Banna Lane Festival Youth Project

PARTICIPANT DETAILS:

Surname	First Name	
Postal Address		
Suburb	State	Postcode
Home Phone	Mobile	
Email	Age	
Allergies/Medical	DOB	

EMERGENCY CONTACT DETAILS:

Surname	First Name
Postal Address	
Phone	Relationship to attendee

QUESTIONS *(Please answer all questions in the spaces provided)*

Why do you want to be involved in this project?	
Outline any other art projects you have been a part of	
Would you like to be notified about future workshops?	Yes / No
Would you like to sign up to our newsletter	Yes / No
How did you hear about these workshops/classes?	
Do you give consent for you/your child to be photographed during the workshop and the images used to promote the Art Gallery via print and social media?	
	Yes/No

SIGNATURE:

Signature	Date
Guardian's Name (if applicant is under age of 18)	
Guardian's Signature (if applicant is under age of 18)	