THEATRE ROYAL
BURY ST EDMUNDS

DESIGN A DAME COSTUME COMPETITION

Dick Whittington

ENTRANT'S NAME: _____

AGE: _____

I GIVE PERMISSION FOR THE ENTRANT ABOVE TO ENTER THIS COMPETITION.

SIGNED: _____

RELATIONSHIP TO ENTRANT: _____

NAME: _____

CONTACT EMAIL: _____

CONTACT PHONE: _____

PLEASE TICK THIS BOX TO CONFIRM YOU HAVE READ THE TERMS AND CONDITIONS. ☐

For theatre royal only:

Number: