



High School Comedy Competition

Registration Form



CLASS CLOWNS
2006



Contact Information

Name of School: _____

Name of Student/s: _____

(maximum 3 per act) _____

Mailing address: _____

Daytime phone: _____

Email: _____

FOR SCHOOL BOOKINGS ONLY: (MAXIMUM 5 ACTS PER SCHOOL)

Name of Teacher: _____

Signature of Teacher: _____

FOR INDIVIDUAL BOOKINGS ONLY:

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Registered Acts

Please tick if you require an invoice to enable payment

	Name/Title of the comedy act	No. of students	Type of Act (stand up, musical, sketch...)	Registration fee \$22 per act (incl GST)
1.				
2.				
3.				
4.				
5.				

TOTAL PAYABLE: \$ _____

Please Note:

- Cheques should be made payable to RIVERSIDE THEATRES
- a maximum of 3 students can be in each act and students must be in Years 9 to 12
- acts must be a MAXIMUM of 5 minutes long and must be entirely original material

PLEASE RETURN THIS FORM TO KRISTAL MAHER AT THE ADDRESS BELOW

REGISTRATIONS MUST BE RECEIVED BY FRIDAY MARCH 10

Riverside Theatres – KICKSTART COMEDY COMPETITION
 Cnr Church & Market Streets Parramatta
 PO Box 3636 Parramatta NSW 2124
 Ph: 02 8839 3398 Fax: 02 9683 3267
 Email kickstartcomp@yahoo.com.au