



APPLICATION FORM for Membership of LARS

Applicant Surname:

Applicant

Forename(s):

Date of birth:

Presently studying at:

Contact Address:

Applicant

Parent/Guardian (if under 18)

Telephone No:

Mobile No:

Email:

Please return to:
Eirwen Clarke
Auditions Administrator
Loud Applause Rising Stars (LARS)
E-mail: admin@loudapplauserisingstars.co.uk

