

Geese Theatre Company
Training Events Application Form



PLEASE SUPPLY THE FOLLOWING INFORMATION:

NAME OF COURSE: *The Other Side of the Wall*

DATES OF COURSE: _____

NAME: _____

TITLE: _____

ORGANISATION: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

Are there any special arrangement which might need to be made in order to facilitate your attendance on the training course: YES / NO

If yes, please state: _____

THE INVOICE SHOULD BE SENT TO: _____

GEESE THEATRE COMPANY
Woodbridge House, 9 Woodbridge Road, Birmingham B13 8EH
0121 4496222

mailbox@geese.co.uk
www.geese.co.uk