

**Geese Theatre Company  
Training Course Application Form**



Please supply the following information:

Name of course: \_\_\_\_\_

Date(s) of course: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*Are there any special arrangements 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**  
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0121 4496222

[mailbox@geese.co.uk](mailto:mailbox@geese.co.uk)

[www.geese.co.uk](http://www.geese.co.uk)