

Bright Sparks family application form continued

Children

Name:	
Date of birth:	Gender:
School	
Allergies or health conditions we should know about:	
Name:	
Date of birth:	Gender:
School	
Allergies or health conditions we should know about:	
Name:	
Date of birth:	Gender:
School	
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Name:	
Date of birth:	Gender:
School	
Allergies or health conditions we should know about:	

Checked by:	Date:
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By signing up you are providing us with consent to contact you on promotions, offers, and upcoming Z-arts and Big Imaginations events. If you would like to opt-out of this, please speak to a member of our Box Office or update your Contact Preferences when you sign into your account online at z-arts.org.
Our Privacy Policy can be found online at z-arts.org, including details of photo consent.

bright
sparks



Z
arts

Family Membership



Box Office:
0161 232 6089

z-arts.org

335 Stretford Road,
Hulme, Manchester,
M15 5ZA

Registered charity 1093556

only
£15 a year
for a whole
family!

Hello!

For only £15 a year, your whole family can dance, sing, paint, create and develop their acting skills with our Bright Spark classes!

Bright Sparks membership* includes:

- Free admission to Z-arts creative classes and activities**
- Free entry to our scheduled holiday activities**
- Discounted tickets to see any Z-arts/ Big Imaginations production
- Opportunities to share your ideas at our regular Sparklers discussions
- A complimentary cup of coffee/tea/juice each for 2 people at every Sparklers discussion
- You will have priority on-sale emails and digital copies of our season brochures

* By signing up to a Bright Sparks membership, you are signing up to our terms and conditions. These will be provided for you when you hand in your membership form.

** Booking is required, see our terms and conditions for all details.

Bright Sparks family application form

Please complete the membership form as parents/carers and then add your child's/ children's details overleaf

Section 1 - Parent/Carer details

Title:

Name:

Relationship to child/children

Email:

Address & postcode:

Home phone and mobile numbers:

Section 2 – Emergency details (someone other than yourself)

Name 1:

Relationship:

Home phone and mobile numbers:

Name 2:

Relationship:

Home phone and mobile numbers:

Please turn over to complete the form