

**Philippe Gaulier Master Class 大师工作坊**

**报名表格 REGISTRATION FORM**

日期 Date: 16/08/2011 – 20/08/2011 (星期二至星期六 Tue to Sat)  
时间 Time: 10am – 4pm (每日 Daily)  
地点 Venue: Goodman Arts Centre 月眠艺术中心 90 Goodman Road, S(439053)  
语言 Language: 英语 English  
费用 Fees: 每人\$250 per participant (费用包括 7%的消费税。Fees are inclusive of 7% GST.)

**报名截止日期 Registration deadline: 17/7/2011**

名额有限，有戏剧经验的艺术工作者将有优先权。我们将通过电邮通知成功申请者。

**Due to limited vacancies, priority will be given to experienced theatre performers.**

**Successful applicants will be notified via email.**

注意事项:

1. 请将填妥之表格连同你的个人简历和支票寄至  
The Theatre Practice Ltd. 155 Waterloo Street, Stamford Arts Centre, #02-08, Singapore 187962, Attn: Low Kah Wei
2. 划线支票署名“**The Theatre Practice Ltd.**”
3. 不附支票付款的报名表格将不受理。
4. 行政人员收到报名表格与支票后，将会发出电邮与大师工作坊的活动说明。
5. 费用一经缴付，概不退还。
6. 一经报名，不得更换参与者。
7. 活动期间，参与者倘有受伤、疾病或财物损失，概与主办机构无关。

Note:

1. Please mail the completed form, attached with your CV, and cheque payment to:  
The Theatre Practice Ltd. 155 Waterloo Street, Stamford Arts Centre, #02-08, Singapore 187962, Attn: Low Kah Wei
2. Crossed cheque(s) should be made payable to “**The Theatre Practice Ltd.**”
3. Application without cheque payment will not be processed.
4. We will send a confirmation email upon successful registration.
5. Fees are not-refundable.
6. Once an entry has been registered, request for changing participants will not be entertained.
7. The Theatre Practice shall not be liable for any loss, damage, injury or any mishap whatsoever that may occur during this camp.

我同意:

- 参加 Philippe Gaulier 大师工作坊(16/08/2011 – 20/08/2011)。
- 让主办机构拍照或录像以用于宣传或存档用途。
- 活动期间，参与者倘有受伤、疾病或财物损失，概与主办机构无关。

I hereby agree:

- To participate in the Philippe Gaulier Master Class (16/08/2011 – 20/08/2011).
- To be videotaped and/or photographed while participating in the Philippe Gaulier Master Class.  
(Photos and video footage of participants will be used for archival and promotional purposes only).
- The Theatre Practice not being liable for any loss, damage, injury or any mishap whatsoever that may occur during this class.

姓名 Name

参与者签名 Participant's Signature

日期 Date

请翻页，填妥您的个人资料。Please fill in your personal particulars on the next page.

## 个人资料 Personal Particulars

申请时必须递交个人简历。 Please attach your CV together with this submission.

姓名 Name:	性别 Gender: 男 M / 女 F
生日 Date of Birth:	身份证号码 NRIC/Passport No.:
联络号码 Contact No.:	(手机 Mobile) (住家 Home)
电邮 Email:	
住址 Address:	
国籍 Nationality:	种族 Ethnicity :
你有没有任何健康问题? (如哮喘, 贫血, 等) Do you have any health problem(s)? (eg. Asthma, anemia, etc)	
你有没有食物或药物敏感? Do you have any food or drug allergies?	<input type="checkbox"/> 如果你是素食者, 请划勾。 Please tick if you are a vegetarian.
如有紧急状况, 请联络 : In case of emergency, please contact:	
_____ (姓名 Name)	_____ (关系 Relationship) (手机号码 Mobile No.)