



Hits Application form

Child's Name:

I give permission for my child to be included in the **Hits** which is to take place on

I am aware of the rehearsals and agree to the commitment required.

Signed Parent:

Print:

Date:

Payment methods:

Pay online at www.shopatscream.com, over the phone by card (01253 309060),
or by cash or cheque in a sealed envelope at the school
(All major credit and debit cards accepted, except American Express)