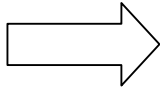
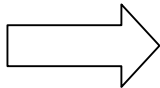



Capital E National Arts Festival Club Membership Form

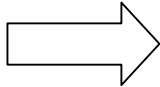
Fill this membership form out, send it to Capital E, Festival Club, Freepost 162535, PO Box 3386, Wellington or fax it to: (04) 233 0254 or drop it into Capital E, Civic Square.

 NAME OF CHILD:

 ADDRESS:
.....
.....

 PHONE:

 DATE of BIRTH:

 EMAIL:

How did you hear about the Festival Club?

Do you want to get information about the Festival and Capital E events?

Yes No

(This includes special Festival offer information so it is a good idea to say 'yes' so we can let you know as the offers come up.)

Parent/Caregiver Authority - I give permission for the person named above to join the Capital E National Arts Festival Club.

Name

Relationship to child/applicant

Signature

Festival members will receive information about the Festival and Capital E events. You can contact Capital E any time to take your name off the mailing list 04 913-3720.