

E-Box Live Television Workshop Application Form



Please note: before filling in this form, read and sign the terms and conditions overleaf. Successful applicants will be notified by email.

Contact details

Guardian's name:	
Contact email:	
Mailing address:	
	Postcode:
Tel no:	Work no:
Mobile no:	

Post enrolment form to:
Capital E, PO Box 3386, Wellington, 6140
or fax this form to: (04) 9133 735

If you have any questions please do not
hesitate to contact our Box Office on:
(04) 913 3740 or capitale.foh@wmt.org.nz

More information at www.capitale.org.nz

Booking details

Childs Name:	Date of birth:
School:	Year level:

Details of media experience/interest (audio, video, etc) to support this application:

Is there anything we need to know about your child such as medical conditions:

Payment details

Cash/Eftpos - come to Capital E with your enrolment form to pay by cash or eftpos.

Cheque - Please make cheques out to Capital E

Credit card - Card Type: _____ Exp date: _____

Card Number:

Amount Enclosed: \$ _____

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Terms and Conditions

- Our workshops are very popular so to make it fair for everyone we cannot accept an enrolment without payment.
- Cancellations made up to three days before the first workshop are entitled to a full refund, less a 15% administration fee.
- Cancellations within three days of the first workshop are not entitled to any refund. Attendance for the whole term is required.
- Payment will be due upon acceptance into the workshop and you will be notified by email.
- On the day of the workshop please phone us by 9.00am if your child cannot attend the workshop for any reason.
- We reserve the right to remove any child from the course if they are unruly and stop the rest of the class from learning and enjoying themselves.

I have read and I accept the terms and conditions of enrolment.

Signed: _____

Photography / Video Permission

Capital E has an extensive image library of young people enjoying workshops and events. Due to the nature of this workshop your child will be videoed and appear on the internet. To do this we need your permission.

Please sign below to release consent to Capital E for use of any video/photographs of your child. Your child will not be named if the photograph is used for publication, and the images and video remain the property of Capital E. Video credits will use first names only.

I give consent to Capital E to video/photograph my child, as per the conditions above. Signed: _____

How did you first hear about the Capital E Workshops?

- | | |
|---|--|
| <input type="checkbox"/> Capital E Newsletter (print) | <input type="checkbox"/> Dominion Post |
| <input type="checkbox"/> Capital E E-newsletter (email) | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Capital E Website | |
| <input type="checkbox"/> Other: _____ | |

Would you like to join our mailing list?

- | | | | |
|---|--------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Yes, please | <input type="checkbox"/> Email | <input type="checkbox"/> Post | <input type="checkbox"/> Both |
| <input type="checkbox"/> No, thanks. | | | |
| <input type="checkbox"/> I am already on your mailing list! | | | |

Office use only.

Received: / /

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Conf sent: / /

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