

LANCASTER

**FOOTLIGHTS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ (mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Email: *[please write clearly]* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

**I am interested in taking part in the following:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Acting |  | Administration |  | Box Office\* |  | Chaperone\* |  | Coffee Bar |  |
| Directing |  | Front of House\* |  | Fundraising |  | Marketing |  | Prompt |  |
| Building/Painting Set |  | Props |  | Sound |  | Lighting |  | Stage Management |  |
| Costume – Making/Sewing |  | Please tick if you hold a valid enhanced DBS | | | | |  | \*over 18 only | |

**Please insert amounts:**

|  |  |  |
| --- | --- | --- |
| **Membership fee**: |  | ***Adult*** *[£15]* |
|  | ***Student/Junior*** *[£10]* |
| **I wish to include a donation of** |  | *[Optional]* |
| **TOTAL** |  |  |

**Charity Gift Aid Declaration**

**In order to Gift Aid your donation you must tick the box below:**

I want to Gift Aid my donation of £\_\_\_\_\_\_\_\_\_\_ and any donations I make in the future or have made in the past 4 years to: 

**Name of Charity:** LANCASTER FOOTLIGHTS

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

**Data Protection Policy**

**In order for the society to be able to operate, your contact details will be shared with the relevant Footlights Officers and other members but only if needed. We will never disclose, share or sell your personal information to any third party companies or to advertisers for marketing purposes.**

**I agree to my data being used in this way:**

**Signed…………………………………………………………………….. Date…………………………………………**