|  |  |
| --- | --- |
| Harlequin Theatre Cinema Club |  |

## Parent/Carer Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| Post Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Name and Age of Autistic Person(s)

|  |
| --- |
|  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### Autism All Stars Foundation UK reserves the right to review a member’s eligibility and to revoke membership following review.It is the policy of this organization to provide equal membership opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Completed forms should be returned to: helen@autism-all-stars.org or handed in at the Harlequin Theatre’s Box Office.

Autism All Stars Foundation UK is registered with the Charity Commission. Registration No.1152681.