

Fourth Wall: about me



My name is



My address
is



My
telephone
number is



My email
address is



My birthday
is

Fourth Wall: about my parent/carer



Their name
is



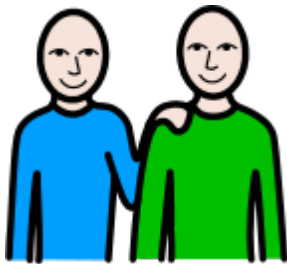
Their
address is



Their
telephone
number is



Their email
address is



How I know
them

Fourth Wall: more about me



I need
special help
in a fire

Yes / No



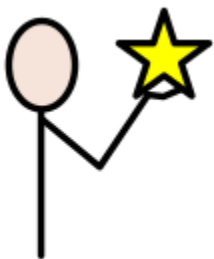
I have a
learning
disability

Yes / No



I have a
physical
disability

Yes / No



Other
important
information



You can take
my photo

Yes / No

Fourth Wall: about the project



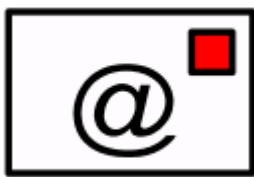
I will come
to every
session

Yes / No



I can afford
to donate

Yes / No



I want to be
emailed by
the theatre

Yes / No



How I know
about
Fourth Wall



My
signature