



### THIRD PARTY REFERRAL FORM

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Name of Child:	
Name of Parent:	
Name of Person Referring:	
Relationship to Child:	

Why do you think this child would benefit from participation in Dreamcoat?


Please assist this child's parent in filling out the DFT Participation Support Form found on our website. It is your responsibility to ensure that you have their permission to share their personal information.

Please provide us with as much information as possible on how we can support this child and their family.

Thank you for helping us to reach out to all aspiring actors in our community.

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**705-472-1590**

[www.dreamcoat.ca](http://www.dreamcoat.ca)