

LET'S
GO TO THE
MOVIES!



HUSKISSON PICTURES

BIRTHDAY CLUB MEMBERSHIP FORM

(For 15s and under)

NAME: _____
(family) (given)

AGE: _____ GENDER: Male / Female
(please circle)

DATE OF BIRTH: ___ / ___ / ___

ADDRESS: _____
(postal address)

(town/village) (Post Code)

PHONE: _____

EMAIL: _____

(Place form in the box at the theatre)

Office use only

Information Entered:- Date All information Supplied Yes / No