MASQUERADE TEENS 12-19 YEARS

MASQUERADE
SCHOOL FOR THE PERFORMING ARTS

APPLICATION FORM 2026 - 2027

Indicate the class/es your child wishes to attend by placing a ✓ in the boxes.
Complete the application form and return it together with a recent photograph and payment to
M SPACE, Oscar Zammit Street, Msida, MSD 1280. Email: info@masqueradeMalta.com

☐ PERFORMING ARTS PACKAGE (11-12YRS, 12-13YRS, 14-15YRS, 16-19YRS)

Drama, Dance, Singing & Skills* Classes
(*Skills: Tap Dance/Physical Theatre/Stage Combat/Vocal Work)

(4hrs/week)

Fee: €350.00/term

☐	Mondays	5.00	-	9.00pm
☐	Fridays	5.00	-	9.00pm
☐	Saturdays	12:30	-	4:30pm

☐ MASQUERADE TEEN COMPANY (MTC) (12-17YRS)

Performance in Production
(2hrs/week)
Fee: €125.00/term (student rate)
Acceptance is through an audition process.
Available to Masquerade students only.

☐ MUSIC STUDIO PROGRAMME

Solo Tuition:

- ☐ **Drums**
- ☐ **Piano/Keyboards**
- ☐ **Guitar**
- ☐ **Vocals**

Enquire with the school for more info.

☐ HIP HOP (12+ YRS)

(1hr /week)
Fee: €135.00/term

☐	Saturdays	12:15	-	1:15pm

☐ BEGINNERS TAP (16+ YRS)

(1hr /week)
Fee: €135.00/term

☐	Wednesdays	5:30	-	6:30pm

☐ BEGINNERS BALLET (16+ YRS)

(1hr /week)
Fee: €135.00/term

☐	Thursdays	6:30	-	7:30pm

☐ INTERMEDIATE JAZZ/MT (16+ YRS)

(1hr /week)
Fee: €135.00/term

☐	Wednesdays	6:30	-	7:30pm

☐ BEGINNERS CONTEMPORARY (16+ YRS)

(1hr /week)
Fee: €135.00/term

☐	Thursdays	7:30	-	8:30pm

REGISTRATION FEE:

A one-time registration fee of €25.00 (non-refundable) will be charged upon application.

10% DISCOUNT:

- For siblings when both are taking a Theatre Arts Package (overall 10%).

DRESS CODE

Theatre Arts Package students require:
Masquerade black t-shirt, black jazz pants and black jazz shoes. Sweatshirts, ¾ pants - shorts and black hair bands are also available.

Music, Jazz & Hip Hop students require:
Masquerade blue T-shirt and trainers (non-marking soles).
The uniform can be purchased from M Space using our order form which will be sent upon application.

IMPORTANT INFORMATION

- All classes are held at M Space, Oscar Zammit Street, Msida.
- Students must attend class regularly and punctually.
- The school must be informed immediately in case of illness or any other unavoidable absence.
- The school is not responsible for any accident or injury sustained by students on the school premises or any other locations attended during the training.
- Smoking is not allowed on the premises regardless of age. Food, fizzy drinks and chewing gum are not to be consumed in M Space.
- All our tutors are police-conduct checked.
- **Tax Deduction:** As a non-formal education provider, parents/guardians paying tax in Malta are entitled to claim a tax deduction of up to €300 for children under the age of 16 years.

TERMS & CONDITIONS

Full payment of registration and term will be required to secure space in any class.
Payment may be made by Wise, BOV Mobile Pay or bank transfer. Payment may also be affected via bank transfer through Revolut. No refunds will be given.

Bank Transfer Details:
Beneficiary: Masquerade Tuition Centre Ltd.
Bank: Bank of Valletta p.l.c
Bank Address: Bank of Valletta, Racecourse Street, Marsa, Malta
Account number: 40021191990
I-BAN: MT70VALL22013000000040021191990
Swift Code - BIC: VALLMTMT
BOV Mobile Pay: Veronica Bezzina 7979 3737
Wise: Veronica Bezzina 7979 3737

ONE MONTH'S NOTICE, IN WRITING, MUST BE GIVEN IN CASE OF WITHDRAWAL, OTHERWISE YOU WILL BE LIABLE TO PAY A FULL TERM'S FEE.

Some of the sessions may be subject to change in time, day or availibility, depending on the number of students registering for the session.

APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

PLEASE ATTACH A PASSPORT PHOTO HERE OR ATTACH PHOTO TO YOUR EMAIL

STUDENT DETAILS

Surname | Sex

First Name | Date of Birth

Address

Age

Post Code | School Attending

Name of sibling attending

PARENT / GUARDIAN DETAILS

Surname | ID Number

First Name | Relation to Student

Title (Dr./Mr./Mrs./Ms.) | Tel (Home)

Address (if different from above)

Tel (Work)

Post Code | Mobile (Mother/Father/Guardian)

Email

ALTERNATIVE CONTACT

Surname | Relation to Student

First Name | Tel (Home)

Title (Dr./Mr./Mrs./Ms.) | Tel (Work)

Address (if different from above)

Mobile Number

Post Code | Email

FOR OFFICE USE ONLY

REG NO		RECEIPT	
INVOICE NO		CASH	
REG FEE		CHEQUE NO & DATE	
FEE		SIGNATURE	
ACCEPTANCE		CLASS	

PREVIOUS TRAINING

Please give details of any other previous training.

MEDICAL CONDITION

Is there any medical or other condition which you would like the school to be aware of?

CONSENT TO EMERGENCY FIRST AID & TRANSPORTATION

I hereby give permission that my child may be given emergency treatment by a staff member at Masquerade School for the Performing Arts. I also give permission for my child to be transported by car or ambulance to an emergency centre for treatment, if we can't get hold of any member authorised in this application, and agree to hold Masquerade management harmless.

☐ YES ☐ NO

DATA PROTECTION

In order for us to keep sending you information about Masquerade through mail shots and circulars and inform you about our events, latest news, services and other products offered by our group and related companies, we need you to opt-in by ticking and signing the below application to obtain consent in accordance with EU's General Data Protection Regulation (GDPR). ☐ Keep me/us informed

Parent/Guardian's Signature

If you DO NOT complete and sign this section, we will presume that you are not interested in receiving such correspondence from us.

PERMISSION TO PHOTOGRAPH (ONLY TICK ITEMS BELOW IF CONSENT IS GIVEN)

I give permission to Masquerade to photograph my child for the following purpose/s:

☐ Display content on website
☐ Display content on social media platforms
☐ Record your child on video
☐ Use content for promotional purposes

How did you find out about Masquerade School for the Performing Arts?

Declaration by Parent/Guardian

I hereby declare that the information given in this application form is correct. I understand that Masquerade School for the Performing Arts reserves the right to restrict admission at its own discretion.

Signature of Parent/Guardian | **ID Card No.** | **Date**

M SPACE

M SPACE, Oscar Zammit Street, Msida. MSD 1280 Tel: 2124 2526, 2124 6644 Mob: 7979 3737
Email: info@masqueradem alta.com Website: www.masqueradem alta.com
Masquerade Malta **@masqueradem alta**