

**THE DREAM OF CHRISTMAS 2025
FINALLY!**

Now it's time to sign up as a participant for this year's Christmas musical.

For those who are 7-13 and want to be part of this year's production, you need to sign up. (Link to registration form is at the bottom of the page when you have read all the info.) For teenagers aged 14 and up, there is also the opportunity to take part in the musical. In that case, sign up with an email directly to musikal@smyrna.se

Feel free to invite a friend to join the musical!

To make the musical happen, 100% attendance is expected. Parents/guardians are also expected to be present on a few occasions to help as leaders and caterers.

The cost of participating in the musical project is 400 SEK/child, which includes refreshments at all rehearsals, except for the hike, which is paid separately. Our events are arranged in collaboration with Pentecostal Youth and with the support of Region Västra Götaland.

The dates of the practices will be announced later.

Registration closes on May 25 and confirmation of the musical's location will come during the month of June.

If you know Swedish, sign up here!

<https://www.smyrna.se/Centrum/Barn/Medverkande-i-Drommen-om-Jul-2025/Anmalan-Medverkande-Drommen-om-Jul-2025>

otherwise, fill out the form below and email to martina.lardmo@smyrna.se

Now we ´re gearing up for a fantastic musical autumn!

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**REGISTRATION FOR PARTICIPATION
THE DREAM OF CHRISTMAS 2025**

First name:

Surname:

Date of birth (yyyymmdd):

Kids Cellphone (+46):

Kid´s E-mail:

Gender:

Boy:

Girl:

Class year at school:

Street address:

Postal number and city/town:

T-Shirt size:

How many times have you been in the musical?

If you're in for the first time, how did you hear about the musical?

If you are participating for the first time, do you know anyone since before? If so, who?

Fill in the parent/guardian's/responsible adult's information:

Parent 1 First name:

Parent 1 Surname:

Parent 1 phone:

Parent 1 cellphone:

Parent 1 e-mail:

Gender:

Male

Female

Same address as the child:

Yes

No

Additional adult?

Yes - Parent 2

No

Parent 2 First name:

Parent 2 Surname:

Parent 2 Phone:

Parent 2 cellphone:

Parent 2 e-mail:

Gender:

Male:

Female:

Same address as the child

Yes

No

Other information about your child:

Allergies?

No

Yes

Medicines?

No

Yes

Special food necessities?

No

Yes

Anything special we need to know about your child?

No

Yes

On Smyrna's website www.smyrna.se, Facebook account and Instagram account, we want to present the activities by publishing pictures and reports from various activities in the children's area. We don't name any children.

Yes, we consent to the use of pictures of our child for this

No, we do NOT consent to pictures of our child being used for this

In Smyrna, we have many different registers linked to our groups and activities. It is an address register to be able to inform about activities and activities. This information is handled carefully and will never be sold on to third parties for e.g. advertising mailings or the like. For full information regarding our handling of personal data;

I have read and agree to the storage of personal data.

Full name: