



ARTSCLUB
THEATRE
COMPANY

DIGITAL LEAP OUTREACH PLAYWRITING INTENSIVE PROGRAM
APPLICATION FORM 2016/2017
DEADLINE: THURSDAY, DECEMBER 15, 2016

STUDENT'S NAME: _____

DATE OF BIRTH: _____

CURRENT GRADE: _____ **SCHOOL:** _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ **PROVINCE:** _____

POSTAL CODE: _____

HOME PHONE: _____

CELL PHONE: _____

STUDENT'S EMAIL: _____

PARENT'S EMAIL: _____

INFORMATION

HOW DID YOU FIND OUT ABOUT THE DIGITAL LEAP PLAYWRITING PROGRAM?

THROUGH ATTENDING ARTS CLUB PRODUCTIONS

WORD OF MOUTH

WEB SEARCH

THROUGH MY SCHOOL

POSTER

RECEIVED AN EMAIL

OTHER