



ARTSCLUB
THEATRE
COMPANY

**DRAMATURGY LAB AND INTERNSHIP PROGRAM
APPLICATION FORM 2017/2018
DEADLINE: FRIDAY, OCTOBER 13, 2017**

STUDENT'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

INFORMATION

HOW DID YOU FIND OUT ABOUT THE DRAMATURGY LAB AND INTERNSHIP PROGRAM?

THROUGH ATTENDING ARTS CLUB PRODUCTIONS

WORD OF MOUTH

WEB SEARCH

THROUGH MY SCHOOL

RECEIVED AN EMAIL

OTHER

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