



ARTSCLUB  
THEATRE  
COMPANY

**LEAP PLAYWRITING INTENSIVE PROGRAM**  
**APPLICATION FORM 2016/2017**  
**DEADLINE: Monday, October 31, 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 LEAP PLAYWRITING PROGRAM?**

**THROUGH ATTENDING ARTS CLUB PRODUCTIONS**

**WORD OF MOUTH**

**WEB SEARCH**

**THROUGH MY SCHOOL**

**POSTER**

**RECEIVED AN EMAIL**

**OTHER**