

THE ARTS CLUB MUSICAL THEATRE INTENSIVE

Junior Program (ages 12-16)

July 4-15, 2017 - Surrey

July 17-28, 2017 - Vancouver

NAME: _____

D.O.B.: _____

PARENT NAME: _____

ADDRESS: _____

PHONE NUMBER(S): _____

EMAIL: _____

SURREY OR VANCOUVER PROGRAM: _____

To help us better evaluate your training and experience, please fill out the following as best you can.

TRAINING:	# of Years	Name of school or program
Dance Training	_____	_____
Private Voice Lessons	_____	_____
Choir	_____	_____
Acting/Drama Classes	_____	_____

EXPERIENCE:

*For experience in a chorus or background, state "Chorus" under ROLE.

*Under PRODUCER, list the name of the school or theatre company that put on the production.

*Please list only your THREE favourite shows to date.

Name of Production	Role	Producer
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly explain how you would like to improve as a performer: