

STAGE HEAD ACADEMY

(a Theatre Newfoundland Labrador youth theatre intensive)



2010 Application Form

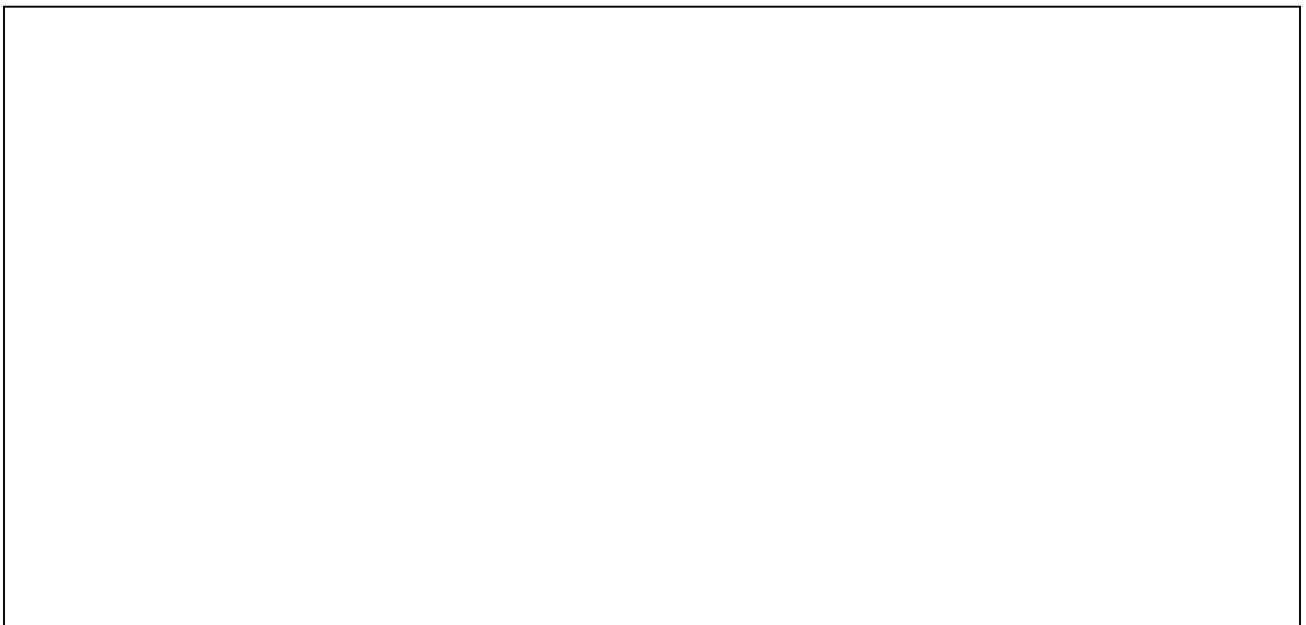
PARTICIPANT INFORMATION

Name	
Age	DOB
Gender	Grade
Parent(s)/Guardian(s) name(s)	
Address	
Tel #s (<i>home, work, cell</i>)	
Email	
MEDICAL CONDITIONS	

Theatrical Experiences/Study (*or attach resume*)

A large, empty rectangular box with a thin black border, intended for the applicant to describe their theatrical experiences or attach a resume.

Special Talents & Abilities (*dance, gymnastics, instrument, etc*)

A large, empty rectangular box with a thin black border, intended for the applicant to describe their special talents and abilities.

Name
Position
Tel #s

Name
Position
Tel #s

Name
Position
Tel #s

Remittance Information

Forward this application, proof of age, and resume to:

**Theatre Newfoundland Labrador
PO Box 655
Corner Brook, NL
A2H 6G1
Attention: SaraH McDonald-Anderson
Fax: (709) 639 1006**

Students will be notified of acceptance on or before June 15th, 2010. Upon acceptance, please send check or money order for \$350 to the address above or call in your credit card information to (709) 639 7238.

Note: Registration must be paid in full by June 27th, 2010. Payments are non-refundable after July 4th, 2010. Cancellations prior to July 4th will be charged a \$50 administration fee and must be in writing.

Signature of Applicant

_____ **Date** _____

Signature of Parent if applicant under 18 yrs

_____ **Date** _____