



## STAGE HEAD ACADEMY 2017 APPLICATION FORM

STUDENT NAME: \_\_\_\_\_

HOME TEL: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT PERSON/PHONE #: \_\_\_\_\_

MEDICAL INFO: \_\_\_\_\_

PREVIOUS THEATRE EXPERIENCE: (ATTACH SEPARATE SHEET)

WHY WOULD YOU LIKE TO JOIN STAGE HEAD?: (ATTACH SEPARATE SHEET)  
LIMIT 500 WDS

PARENT SIGNATURE: \_\_\_\_\_