

# ArtsView Children's Theatre Apprentice Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Participant Phone #: \_\_\_\_\_

Participant Email: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ T-Shirt Size: \_\_\_\_\_ Favorite Drink: \_\_\_\_\_

**APPRENTICE AREAS** (put an X next to all that interest you; not all areas will be available)

Scenic Design/Building	Scenic Painting
Sewing / Costuming	Sound Design/Operating
Lighting Design/Operating	Properties Design/Management
Directing/Dramaturge	Theatre Administration/Office Assistant
Dance / Choreography	Hair & Makeup Design/Application
Ushering	Facilities Operations
Music Direction	Outreach/Public Relations
Production/Technical Coordinator	Photography / Video Archiving
Stage Management	Running Crew/Stage Hand

**Previous Apprentice/Technical/Backstage Experience:**

Show	Theater	Position

**Special Skills:** (ex. Woodworking, Electronics, Computer, Crafts, Play an Instrument...)

\_\_\_\_\_

**Extracurricular Activities:** What are you currently involved with outside of normal school day?

\_\_\_\_\_

**Conflicts:** Please list all dates that you are unavailable to attend and why. (View online Calendar)

\_\_\_\_\_

\_\_\_\_\_

Any medical conditions we should know about which would limit your activity, such as allergies, past or current injuries, asthma, dizziness, back problems, etc:

\_\_\_\_\_

\_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone #: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

The information provided on this form is accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Parent or Guardian signature required if applicant is under 18 yrs of age.