



Apprentice Program Application (please bring with you when you audition)

Apprentice Name: _____

Apprentice Home Address: _____
(please include city, state and zip)

Apprentice Mailing Address: _____
(information that parents will need to read and sign will be mailed here, please include city, state and zip)

Apprentice Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone (day & evening): _____

Additional Parent/Guardian Name: _____

Additional Parent/Guardian Address: _____

Additional Parent/Guardian Phone (day & evening): _____

Last grade completed:
Grade: 4 5 6 7 8 9 10 11 12

Age: _____ **Date of birth:** _____

Acting experience:
Name of show or program: _____ **Name of director or instructor:** _____ **Dates:** _____

Musical experience:
Name of show or program: _____ **Name of director or instructor:** _____
Dates: _____

Technical theater experience:

Name of show or program: _____ **Name of director or instructor:** _____ **Dates:** _____

Other related experience:

Do you play a musical instrument? YES NO If yes, what? _____

Do you sing? YES NO If Yes, what voice part? _____

Any special interests or skills? (i.e. sewing, painting, carpentry, computer, etc.)

Any scheduling conflicts—vacations, camps, times you’ll be away? (Please see important dates below.)

Important Dates:

Monday, June 28	Apprentice Program begins
Friday, July 16, 2:00 p.m.	Apprentice Show
Tuesday, July 27 - Friday, August 13	Children’s Show, including tour

Signature of Parent/Guardian: _____ **Date** ____ / ____ / ____



Administrative Office 585-374-9032 email: info@bvtnaples.org
www.bvtnaples.org