

**LONGMONT THEATRE COMPANY
YOUTH SUMMER WORKSHOP APPLICATION 2009**

Name: _____ Age: ____ Grade in Fall 09: _____

Student's e-mail: _____

Session: ___ Elementary ___ Teen ___ Advanced (by audition) ___ 24-hour fest

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Address: _____

Parent's name _____

Parent's Contact #'s (Home/Work/Cell) _____

Parent's e-mail: _____

List previous theater experience and special skills or talents on the back of this form.

Medical/physical history we need to be aware of? _____

Medications this child is taking? _____

Emergency contact Information:

Contact name: _____ Phone: _____

Dr's Name: _____ Phone: _____

Costs: First student is \$250. Each additional student from a family is \$225.

Advanced program is \$125 per student.

Total due: \$_____

Half the tuition is due with the application. The remainder is due by June 1

Send form and payment to:

Longmont Theatre Company, P.O. Box 573. Longmont, CO. 80502

ATTN.: Christopher Parr
