

SUMMER THEATRE CAMP APPLICATION

Please submit this application by clicking SUBMIT or emailing to **recruitment@rosebudschoolofthearts.com**. Any questions can be directed to **recruitment@rosebudschoolofthearts.com**.

I. PERSONAL INFORMATION

Name				
(Last)	(First)	(Middle)	(Goes by)	
Pronouns:	Birthdate: _	//	Age	
Name of High School prese	ntly attending			
High School location (City, F	Province)		Grade Entering in Fall	2024:
Your Address				
City	Province_		Postal Code	
Home Phone	Cell		Email	
Emergency Contact				
Relationship	Email			
Daytime Phone		_ Nighttime Ph	one	
Second Emergency Contact				
Relationship	Email			
Daytime Phone	Nighttime Phone			
II CAMP INFORMATION	I			
How did you learn about th	e Summer Theatre Ca	mp?		
Why are you interested in a	attending the RSA Sum	mer Camp?		
What is your experience in	theatre so far?			

APPLICATION PROCESS

If yes, please explain.

Please ask **two people to submit a reference form**. The referees should be people who know you well at this point in your life, for example a teacher, employer or friend. Referees will send their documents directly to Rosebud School of the Arts, where they remain confidential.

Once your application has been accepted, you'll be contacted by the Summer Theatre Camp Coordinator. Billing information and options for payment will be communicated to you at that point.

SUBMIT