



# INTERNATIONAL CITY THEATRE

YOUR AWARD-WINNING PROFESSIONAL REGIONAL THEATRE

caryn desai  
ARTISTIC DIRECTOR/PRODUCER

## 2017 SUMMER THEATRE CONSERVATORY APPLICATION

APPLICANT'S NAME \_\_\_\_\_

Last Name First Name Middle I.

APPLICANT'S BIRTHDATE: \_\_\_\_\_ APPLICANT'S AGE: \_\_\_\_\_ Male  Female

PARENT/GUARDIAN'S NAME \_\_\_\_\_

Last Name First Name Middle I.

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

EMERGENCY CONTACT PERSON NUMBER(S): \_\_\_\_\_

PAYMENT TYPE (Circle one) VISA MC AMEX DISCOVER CASH CHECK

AMOUNT: **\$425** \_\_\_\_\_

**FEE IS NON-REFUNDABLE**

CREDIT CARD OR CHECK NUMBER: \_\_\_\_\_ Exp. \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER INFORMATION (additional emergency contact, other guardian(s), other individuals authorized to pick-up child, etc.)

### **MEDICAL INFORMATION FOR APPLICANT**

Please note any allergies, medications or any condition that may affect the work. \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone.: \_\_\_\_\_

How did you hear about our summer youth conservatory program? \_\_\_\_\_

MAIL APPLICATION TO: International City Theatre

Attn. Summer Theatre Conservatory

P.O. Box 1690, Long Beach, CA 90801-1690

PHONE: 562-495-4595; FAX: 562-436-7895, E-MAIL: ict@ictlongbeach.org WEBSITE: www.InternationalCityTheatre.org