



INTERNATIONAL CITY THEATRE

YOUR AWARD-WINNING PROFESSIONAL REGIONAL THEATRE

caryn desai
ARTISTIC DIRECTOR/PRODUCER

2018 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 CREDIT CARD 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

67 Long Beach Blvd., Long Beach, CA 90802-4804

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