

GHOSTLIGHT DRAMA CLUB ACTOR'S WORKSHOP APPLICATION

Name _____ Phone _____

Street Address _____ City _____

Zip Code _____ Email _____

I am a: ____ Kid (Age 8-12) ____ Teen (13-17)

EXPERIENCE: Indicate stage experience:

Title of Play	Role	Where	When
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EDUCATIONAL EXPERIENCE: Indicate course work, classes, workshops.

Course Title	Teacher	Where	When
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YOUR EXPECTATIONS: What do you hope to gain by participating in this workshop?

Complete form, attach check for \$200.00 made out to Starry Night Theatre, Inc. Mail to: Starry Night Theatre, 170 Schenck Street, North Tonawanda NY 14120. You will receive confirmation through the mail or by a phone call. The Actor's Workshop will begin on January 15, 2022 at 9AM and end at 11AM. The club meets for 10 consecutive Saturdays, with the last meeting on March 19, 2022. Questions? Contact us at www.starrynighttheatre.com or 743-1614. Sorry, no refunds.