



Apprentice Program Application (please bring with you when you audition)

Check which session you are applying for: July 17 – August 5 August 7- 26 Both

Apprentice Name: _____

Apprentice Home Address: _____
(please include city, state and zip)

Apprentice Mailing Address: _____
(information that parents will need to read and sign will be mailed here, please include city, state and zip)

Apprentice Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone (day & evening): _____

Additional Parent/Guardian Name: _____

Additional Parent/Guardian Address: _____

Additional Parent/Guardian Phone (day & evening): _____

Last grade completed:
Grade: 4 5 6 7 8 9 10 11 12

Age: _____ **Date of birth:** _____

Acting experience:
Name of show or program: _____ **Name of director or instructor:** _____ **Dates:** _____

Musical experience:
Name of show or program: _____ **Name of director or instructor:** _____
Dates: _____

Technical theater experience:

Name of show or program:

Name of director or instructor:

Dates:

Other related experience:

Do you play a musical instrument? YES NO If yes, what? _____

Do you sing? YES NO If Yes, what voice part? _____

Any special interests or skills? (i.e. sewing, painting, carpentry, computer, etc.)

Any scheduling conflicts—vacations, camps, times you’ll be away? (Please see important dates below.)

Important Dates:

Monday, June 12
this date
Friday, June 16
Friday, June 23
Monday, July 17
Saturday, August 5
Monday August 7
Saturday August 26

Applications for Tuition Scholarships must be received by
Scholarship recipients will be notified.
Tuition due
Session One begins
Session One Performance
Session Two begins
Session Two Performance

Signature of Parent/Guardian: _____ Date ____ / ____ / ____



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