

**THE KELSEY E. COLLIE
CHILDREN'S THEATRE EXPERIENCE**

APPLICATION

Please Type or Print:

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

E MAIL ADDRESS _____

TELEPHONE # HOME _____

PARENT/GUARDIAN (S) _____

WORK TELEPHONE # MOTHER _____

WORK TELEPHONE # FATHER _____

EMERGENCY CONTACT:

NAME _____

ADDRESS _____

TELEPHONE _____

DOES APPLICANT HAVE ANY OF THE FOLLOWING:

Allergies yes___ no___

Physical handicaps yes___ no___

Dietary problems yes___ no___

Heart problems yes___ no___

Other disabilities yes___ no___

If yes please indicate disability _____

If you are interested in CARPOOLING, sign your name here. This authorizes us to give your address and phone number to other interested parents.

LIST PREVIOUS ARTS TRAINING EXPERIENCE (i.e., acting, dance, creative writing, vocal training, etc.) AND/OR PERFORMANCE EXPERIENCE.

LIABILITY—KECCTE is not liable for accidents or injuries sustained before during or after participation in summer programs. DISCLAIMER—KECCTE reserves the right to modify curriculum and/or select instructors as necessary.