

**GHOSTLIGHT THEATRE DRAMA CLUB ACTOR'S WORKSHOP APPLICATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Email \_\_\_\_\_

I am a: \_\_\_\_\_ Kid (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 start at 9AM and end at 11AM. The club meets for 10 consecutive Saturdays. Questions? Contact us at [starrynighttheatre.com](http://starrynighttheatre.com) or (716) 743-1614. Sorry, no refunds.