**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

**Educational Experience:** Indicate course work, classes, workshops

Course Title Teacher Where When

**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 14, 2023, at 9AM and end at 11AM. The club meets for 10 consecutive Saturdays. Questions? Contact us at starrynighttheatre.com or (716) 743-1614. Sorry, no refunds.