

# Experience It Yourself!

## School of Theatre Student Application Form

I wish to participate in the auditions for the 2010 School of Theatre.

- Selected Audition Site:**    Capital Region                       Long Island  
    New York City                       Syracuse  
    Western Region                       Statewide (NYSTEA Conference)

**Please Print Or Type**

**Please Duplicate Additional Applications As Needed**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Current Street Address \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Parent Home Phone \_\_\_\_\_ Parent Work Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Student Social Security Number \_\_\_\_\_ Student Email Address **(Please print clearly)** \_\_\_\_\_

School \_\_\_\_\_ Principal \_\_\_\_\_ Current Grade \_\_\_\_\_

School Address \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Drama Teacher \_\_\_\_\_ Email Address \_\_\_\_\_ School Telephone \_\_\_\_\_

Have you auditioned for the School of Theatre in the past?    Yes       No

How many times have you auditioned for the School of Theatre in the past? \_\_\_\_\_

Have you attended the School of Theatre in the past?    Yes       No

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Please Print Names of Parent/Guardian

Please include a snapshot of yourself, clear enough for facial identification, with this application.

**Mail to:**

New York State Summer School of the Arts  
State Education Department  
89 Washington Avenue  
Room 866 EBA  
Albany, NY 12234  
Fax: 518-473-0770

**Do Not Write On The Other Side Of This Form**

