GRANDVIEW SHAKESPEARE ACADEMY APPLICATION

MAY 4 – 15, 2020 COST: $500.00+hst

GRANDVIEW THEATRE
GRANDVIEWTHEATRECOMPANY.COM

First name: _____ **Surname:** _____

Permanent Address: _____

_____

Telephone Number: _____ **Email:** _____

Present Occupation: _____ **Date of Birth:** _____

Please state why you would like to do this course:

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Please attach on a separate sheet(s) a headshot photo and a full resume of all your acting/theatre experience.

Email this application and corresponding documents to info@grandviewtheatrecompany.com.

Successful applications will receive notification by email with further instructions.

By signing below, you confirm that the information in this application and attached documents are correct.

_____ _____

Signature of Applicant (or legal parent/guardian if under 18 years old) **Date**