

PIP (PRE-INTERN PROGRAM) APPLICATION

NAME _____ AGE _____ GRADE _____

EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

PARENTS' NAMES _____

PARENT CELL PHONE _____ PARENT WORK PHONE _____

PARENT EMAIL _____

ADDRESS (CITY, STATE, ZIP) _____

PLEASE DESCRIBE YOUR THEATRE EXPERIENCE AND/OR EXPERIENCE WORKING WITH CHILDREN. YOU MAY ATTACH A RESUME OR SEPARATE DOCUMENT IF YOU WISH.

PLEASE LIST THREE PEOPLE WE MAY CONTACT AS PERSONAL REFERENCES. PLEASE DO NOT LIST RELATIVES.

1. _____ PHONE _____

2. _____ PHONE _____

3. _____ PHONE _____