



Performing Arts Schools 2010 Registration Form

Please select which school(s) you are registering for:

Act IT Professional coaching for students in drama, musical theatre, dance, voice and more.

Dance IT Combines local and international dance talent to provide the highest quality program.

Drama Musical Theatre

Sing IT Classical voice instruction for anyone : improve tone, strength, and vocal range.

Rock IT An intensive rock music program, for high school aged participants
**Must have prior instrument training*

Guitar Drum Bass Voice

PLEASE FILL OUT ALL FIELDS - QUESTIONS? CALL 506-674-4111
RETURN FORMS TO IMPERIAL THEATRE- 24 KING SQUARE SOUTH - SAINT JOHN, NB - E2L 5B8 - OR FAX 506-674-4141

Student Name: _____

Parent/ Guardian Name: _____

Mailing & Street Address: _____

Home Phone #: _____ Cell Phone #: _____

Parent/Guardian Work #: _____

Parent/Guardian Email: _____

Age as of Sept. 2010: _____ Student's Academic Grade as of Sept. 2010: _____

Academic School: _____

Student's E-mail Address: _____

Are other siblings enrolled? Please name: _____

Please choose payment type

___ Cheque (paid in full) ___ Postdated Cheques Please make payable to **Imperial Theatre Inc.**

___ VISA ___ MasterCard ___ American Express

CARD NUMBER: _____

EXPIRATION DATE: _____ PROCESSING DATES: 1) _____

2) _____

SIGNATURE: _____

3) _____

Registration Paid In Full:

For Box Office Use Only

Date:

Processed by:

Student Experience

Please indicate any training you have in all categories

Drama & Musical Theatre

- 1.) Please list any musical theatre experience: _____

- 2.) Have you ever taken drama/acting classes? YES NO
- 3.) If YES, please list school(s) and/or instructor(s): _____

- 4.) Please list any plays you have been in and the character you played: _____

Dance

- 1.) Please list any dance training and styles: _____

- 2.) How long have you been training? _____
- 3.) Please list school(s) and/or instructor(s): _____

Singing & Voice

- 1.) Have you ever had formal voice training? YES NO
- 2.) If YES, please indicate school(s) and/or instructor(s): _____

- 3.) What is your vocal range?: _____

Musical Instruments

- 1.) Have you ever had musical instrument training? YES NO
- 2.) If YES, please name instrument(s): _____
- 3.) How many years of experience do you have playing? _____
- 4.) Please indicate school(s) and/or instructor(s): _____

- 5.) Have you ever or do you currently play in a band? YES NO
- 6.) Name of band: _____