

GhostLight YA Training Program She Kills Monsters APPLICATION FORM

NAME:	ADD	PRESS:
PHONE:		AIL:
PARENT PHONE:	PAR	ENT EMAIL:
AGE: SEX: _	PREFFERED	PRONOUNS:
DESIRED ROLE/FIEL	D(s) OF STUDY:	
LIST PREVIOUS EXP	ERIENCE BELOW:	
meeting and worksho comply with attendance	ps or advise the production requirements may result proposed rehearsal scheme	ship you agree to attend necessary rehearsals, on staff of any necessary absences. Failure to in the dismissal from the program. Edule and am advising the production team
Signature of Actor		Signature of Parent/Guardian
Date:		Parent/Guardian Printed Name
	cation process please answ Each response should be in	er the following questions in an essay format. the form of 4-6 sentences)
1) 2) What d		participating in the GL Y.A.? ou or how has it impacted your life?
Please subr		nd essays to info@ghostlightbh.com no schedule you for interviews/auditions