



EDUCATION & *workshops*

APPLICATION FOR ATI's

MASTERCLASS WITH THE BLUE EYED BETTYS

This program is open to students grades 9 and up who are interested in pursuing a career in theatre.

Applicant's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Home Phone: _____ Cell: _____

Student's Email: _____ Parent's Name(s): _____

Parent's Cell Phone(s): _____

Contact Person/ Info if Parent or Legal Guardian cannot be reached: _____

School Attending, Fall 2021: _____ Grade, Fall 2021: _____

PAYMENT (Non-Refundable): **\$100 (For Students participating); \$50 (To Audit / observe only)**

PAYMENT INFORMATION (checks may be made to Actors Theatre of Indiana)

Select Payment method: Check Enclosed Visa Mastercard Discover AMEX

Name of Credit Card: _____

Card Number: _____

Expiration Date: _____ CVV # _____

Billing Address (if different from address above): _____

Signature of Cardholder: _____

We (Student & Parent/Guardian) understand and agree that Actors Theatre of Indiana has permission to use images of participants in future publications, presentations, and websites. I agree to hold harmless Actors Theatre of Indiana, instructors, and staff for any injuries that may occur as a result of my, and / or my child's participation in the registered program(s). Actors Theatre of Indiana assumes no responsibility for any accident or injury that may occur. In addition, I (or my child) have no medical concerns that may interfere with his/her participation.

Parent/Guardian Signature

Student Signature

Applications may be submitted via email to: Don Farrell at dfarrell@atistage.org or mailed to:
Actors Theatre of Indiana MT Workshop - 510 3rd Avenue SW, Suite D, Carmel, IN 46032