



# EDUCATION & *workshops*

## APPLICATION FOR ATI's

### MASTERCLASS WITH MICHELE MCCONNELL

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](mailto:dfarrell@atistage.org) or mailed to:  
Actors Theatre of Indiana MT Workshop - 510 3<sup>rd</sup> Avenue SW, Suite D, Carmel, IN 46032