

**SUMMER 2024 WORKSHOP SERIES - TEACHING ARTISTS SUBMISSION FORM**

**Full Name**:

**Pronouns**:

**Email**:

**Phone Number**:

**How did you find out about the Summer Workshop Series?**

**What is your experience in relation to theatre education?**

**Please included a personal bio:**

**What is the title of your workshop?**

**Please give a brief description of your workshop (150 words max):**

**What materials would you require for your workshop?**

**What ages is the workshop suitable for?**

**How many participants can you accept?**

**How long is the workshop? (60-90 minutes)**

**What experience level is suitable for your workshop? (Beginner, Intermediate, Advanced)**

**What is your availability for the following days?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Morning** (9 -11:30) | **Afternoon** (12:30-3) | **Evening** (3:30-5) | **Unavailable** |
| ***Monday August 12 (9-5)***  |[ ] [ ] [ ] [ ]
| ***Thursday August 15 (1-5)*** (Morning unavailable) |[ ] [ ] [ ] [ ]
| ***Friday August 16 (9-5)*** |[ ] [ ] [ ] [ ]

**Optional: Do you do have any specific availability/unavailability during these times that we need to know about?**

**Do you have any access needs you’d like to share?**

***Optional:* Do you identify as one or more of these identities: BIPOC (Black, Indigenous, and People of Colour)?**

***Optional:* Do you identify as a person with a Disability?**

***Optional:* Do you identify as a part of the 2SLGBTQIA+ community?**

**Is there anything else you’d like to share?**

**PLEASE SUBMIT THIS FORM ALONGSIDE A RESUME AND HEADSHOT BY JULY 22TH TO:** **sjack-rennie@artsclub.com**

\* Optional: Send us your workshop lesson plan too! \*