



ARTSCLUB
THEATRE
COMPANY

**LEAP PLAYWRITING INTENSIVE PROGRAM
APPLICATION FORM 2018/2019
DEADLINE: Wednesday, October 26, 2018**

STUDENT'S NAME: _____

DATE OF BIRTH: _____

CURRENT GRADE: _____ **SCHOOL:** _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ **PROVINCE:** _____

POSTAL CODE: _____

HOME PHONE: _____

CELL PHONE: _____

STUDENT'S EMAIL: _____

PARENT'S EMAIL: _____

INDICATE WHICH LEVEL OF LEAP YOU ARE APPLYING FOR: _____

HOW DID YOU FIND OUT ABOUT THE LEAP PLAYWRITING PROGRAM?

THROUGH ATTENDING ARTS CLUB PRODUCTIONS

WORD OF MOUTH

WEB SEARCH

THROUGH MY SCHOOL

POSTER

RECEIVED AN EMAIL

OTHER