

2010 APPLICATION FORM

Applications will not be processed without receipt of \$40.00, non-refundable, application fee. Cheque Cash
PLEASE MAKE CHEQUES PAYABLE TO: CANADIAN COLLEGE OF PERFORMING ARTS
PLEASE PRINT CLEARLY

Name _____ Age _____ Height _____

Current Address _____ Until (date) _____

City _____ Prov. _____ Postal Code _____

Phone (h) (_____) (_____-_____) (w) (_____) (_____-_____) Fax (_____) (_____-_____)
Area code Number Area code Number Area Code Number

E-Mail Address _____

Permanent Address _____

City _____ Prov. _____ Postal Code _____

Phone (h) (_____) (_____-_____) (w) (_____) (_____-_____) Fax (_____) (_____-_____)
Area code Number Area code Number Area Code Number

Union _____ Date of Birth _____
(month) (day) (year)

Please mark: A (Advanced) I (Intermediate) B (Beginner) to indicate your level of achievement in the following categories.

SING _____ BALLET _____ ACT _____
 Vocal type & range: JAZZ _____ GYMNASTICS _____
 TAP _____ OTHER SPECIALTIES (ie. Fencing, Juggling, Break Dance, etc.) _____
 MODERN _____

CONTINUE OVER

Do not write below this line

W J B S M

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Citizenship (please state Canadian or other) _____

Performing Arts Training _____

Performing Arts Experience _____

Please state your career goals.

Please state your reasons for wishing to attend the CCPA.

Level of education achieved by June, 2010 _____

What school are you currently attending? _____

Do you have any history of vocal concerns? Yes No

If yes, please describe _____

Do you have any health concerns which would restrict your ability to participate in full-time Performing Arts classes?

No Yes Please describe. _____

Emergency Contact: Name _____ Relationship _____

Phone (h) () (-) (w) () (-) Fax () (-)
Area code Number Area code Number Area Code Number

Please advise how you heard about this audition: _____

Suggest where you feel the best place would be to advertise in your city. Please give as much information as possible:

PLEASE ATTACH YOUR PHOTO, RESUME AND TRANSCRIPT OF GRADES