



APPLICATION
Theatre 360 Summer Musical Theatre Intensive NYC

Theatre 360
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Los Angeles, CA 91107
Info@theatre360.org
Phone: 626-577-5922

Instructions: Please complete this application. It is requested that your application is accompanied by your child's personal statement questionnaire.

Personal Information

Student Name:

Date of birth: _____ Gender/Pronouns: _____

Address: _____

E-mail: _____

Home Telephone: _____

Parent Cell Phone: _____

Student Cell Phone: _____

Parent (or guardian's) name: _____

Business address: _____

Business telephone: _____

Occupation: _____

E-mail: _____

Parent (or guardian's) name:

Business address:

Business telephone: _____

Occupation: _____

E-mail: _____

Once students are accepted to the program, information will be e-mailed. Please indicate which e-mail address you would like to be used:

a. General Contact: _____

b. Billing Purposes: _____

After March 15, there are **NO REFUNDS** of any kind.

By signing this agreement, you are accepting the terms of financial conditions for Theatre 360's Summer Musical Theatre Intensive NYC

Parent/Guardian Signature

Date of Acknowledgement