

SEASON 2009/2010



APPLICATION FORM

Full Name **Date of birth**

Address.....
.....

Telephone No. **Mobile**.....

Email address

If the applicant is under 18 please complete the following:

Full Name of Parent or Guardian

Address.....
.....

Telephone No. **Mobile**.....

Email address

How did you hear about DTY?.....

Would you be interested in completing an Arts Award with DTY? *yes* *no*

Please let us know what you're interested in (underline as appropriate):

**Performing - Directing - Musical theatre - Production Management - Lighting -
Sound - Publicity - Photography - Costumes - Voice - Improvisation - Workshops**

Send your completed form, a cheque for 35€ (payable to DRAMA TIES), a stamped addressed envelope, and a passport photo to :
Aoife Stone, Drama Ties, 66 bis rue Albert, 75013 Paris.

We aim to process all applications within 21 days of reception.

Signed **Date**.....