



**WP Education Department
33 Footlight Circle
Meredith NH, 03253**

Audition Number (leave blank): _____

Summer Intensive - 2022

Student's Name _____ Student's Pronouns: _____

Parent/Guardian's Name(s): _____

Age: _____ School: _____ Grade: _____

Address: _____ City/State: _____ Zip: _____

Student Cell: _____ Parent/Guardian Cell: _____

Student E-mail address: _____

Parent/Guardian E-mail address: _____

Student's T-Shirt Size (Circle ONE): Youth SM Youth Med Youth LG
 Adult SM Adult Med Adult LG Adult XL Adult 2XL

Vocal Range (if known): _____ Do you consider yourself a dancer? YES NO

Please list any theatre or dance training other than performing (classes, workshops, etc):

Please list any special skills (juggling, gymnastics) or anything else we should know about you:

Please list any relevant theatrical experience (or send a resume)

Are you planning on applying for financial assistance? (Circle ONE) YES NO NOT SURE

Note: If the student is admitted to the program, a more detailed information form (including medical concerns, dietary needs, etc.) will follow.