

APPLICANT

Name: _____ Age: _____
 Address: _____
 _____ Postal Code: _____
 Phone: _____
 School you currently attend: _____
 Program you are registering for: _____

PARENT/GUARDIAN

Name: _____
 Address: (if different from above) _____
 _____ Postal Code: _____
 Phone: _____ Alternate Phone: _____

WHAT IS YOUR THEATRE EXPERIENCE AND WHY DO YOU WISH TO JOIN/CONTINUE WITH VYT?

WHAT IS YOUR REASON FOR REQUESTING A FEE WAIVER?

 Applicant's Signature

 Parent/Guardian Signature

 Date

FOR OFFICE USE ONLY

Comments:	Fee	
	Membership	
	Total (a)	
	Deposit	
	Bursary	
	Total (b)	

Owing (a-b) | \$