



Child Theatre Application

Name: _____
First Middle Last Suffix

Affiliation: (please select **one** that best applies to the student)

- Chickasaw Chickasaw family Other tribe Non-native CN employee (non-native)

Mailing address: _____
Street/P.O. Box City State ZIP

Same as mailing address

Physical address: _____
Street City State ZIP

Birth date: _____ Email: _____
Please list an email that you check regularly

Phone: (____) _____ Preferred communication method: Call Text Email

Parent/legal guardian information: (please complete this section if the applicant is a minor)

Parent/legal guardian name: _____
First Middle Last Suffix

Birth date (for security purposes): _____ Phone: (____) _____

Parent/legal guardian name: _____
First Middle Last Suffix

Birth date (for security purposes): _____ Phone: (____) _____

Emergency contact: (Please list two individuals (other than parents/legal guardians) to call in case of an emergency.)

Name: _____ Phone: _____

Name: _____ Phone: _____

Class selection: (Please select the class(es) that you or your student are interested in attending.)

- After school theatre club (ages 8-12)
Designed to teach foundational skills-building, terminology and good stage habits.
- Special effects makeup (ages 8-12)
In this one-class workshop, students will learn basic special effects makeup such as injury, age and animal.
- Stagecraft and design (ages 14-18)
Students will learn basic design and construction of theatrical sets and props.
- Musical theatre (ages vary by class)
In this class series, students will participate in a junior-version of musicals in a class setting. Voice, movement and acting will be the focus, resulting in a musical production.