

CAP21 Musical Theatre Training Programs Application Form

Type or print your answers in ink on the line above the information requested. Mail this application along with the required materials and application fee to: CAP21, 18 West 18th Street, 6th Floor, New York, NY 10011 Attn: Vernon Goodman, Director of Admissions and Recruitment

Please Check The Appropriate Pr	<u>ogram</u> :			
☐ High School Intensive Musical Th	neatre Training Program (Pleas	se Specify: Fall	Session or ☐ Winter	Session)
☐ Summer Professional Musical Th	eatre Training Program (Pleas	e Specify: Full-	Time or □ Part-Tim	e)
☐ Summer Musical Theatre Training	and College Audition Prep Pr	ogram		
☐ Summer Pre-College Musical The	atre Training Program			
☐ 2-Year Professional Musical Thea	atre Training Program	lusical Theatre Ind	ustry Practicum and	Showcase
PERSONAL INFORMATION:				
 Last Name	First Name	Mido	lle Initial	Male/Female
PERMANENT ADDRESS:				
Home Address		Apartment Nu	ımber	
City	State			Zip Code
Telephone Number		E-mail Addres	SS	
Date of Birth (Month/Day/Year)				
ABOUT YOUR PARENT(S) OR I	LEGAL GUARDIAN(S):			
Mother or Legal Guardian		Father or Leg	al Guardian	
Address		Address		
City State	Zip Code	City	State	Zip Code
Cellular Telephone	Work Telephone	Cellular Telep	phone	Work Telephone
Email Address		Email Addres	s	
\square I give permission for the abo	ove listed parent/guardiar	to receive tuiti	on payment infor	mation.
TEMPORARY ADDRESS: (scho	ol, out-of-town theatre jo	b, etc.)		
Address	State	Zip Code	Temporary Add	ress Good Until
EDUCATIONAL INFORMATION	:			
Name of School Currently Attending	Cur	rent School Year		GPA

Over→

	Please List Location:
☐ Regional Auditions	Please List Location:
☐ School Visit	Please List Location:
☐ Facebook Ad	
☐ Website	
☐ Other :	
On a separate sheet, please answer t	he following questions:
 How did you hear about this progra 	
	st experience? As an actor, singer or dancer?
3. What are your weakest skill areas	
	a musical instrument? What instrument(s)?
	our range? ay, in what role would you most likely be cast?
7. Describe your top three artistic goal	
8. Any physical injuries or issues that	
	n at CAP21 and why we should accept you into this program.
PLEASE CHECK THAT THE FOLLOWING	ITEMS ARE ENCLOSED:
Headshot and Resume	and the second s
	e www.cap21.org for the recommendation form) pt (for 2-Year Program and Industry Practicum only)
 SAT/ACT Scores (for 2-Year Programme) 	gram and Industry Practicum only)
 Non-refundable application fee (please check the appropriate box):
□ \$50 Summer Professional Musical Thea □ \$50 Summer Musical Theatre Training a	nd College Audition Prep Program
□ \$50 Summer Professional Musical Thea □ \$50 Summer Musical Theatre Training a □ \$50 Summer Pre-College Musical Theatre Methods of payment include persona Check one: □Visa □Mastercard □A	tre Training Program \$100 Musical Theatre Industry Practicum and Showcase and College Audition Prep Program re Training Program I check, money order or credit card. For credit card payment: merican Express Discover Expiration Date:
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□ \$50 Summer Professional Musical Theal □ \$50 Summer Musical Theatre Training al □ \$50 Summer Pre-College Musical Theatre Methods of payment include personal Check one: □Visa □Mastercard □Al Card Number: □ Application will not be considered complete uselect a date for an audition. Please see www. SIGNATURE Please read the following state. I hereby apply for admission into the CAP21 are required before acceptance. An audition Musical Theatre Training Program, 2-Year Prunderstand that withholding information requidismissal. I understand that upon acceptance hold my space. No portion of the application Collaborative Arts Project 21 (CAP21) researe expected to comply with the rules of cadditionally reserves the right to solicit informatice training that the information given is accurate.	tre Training Program
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□ \$50 Summer Professional Musical Theat □ \$50 Summer Musical Theatre Training at □ \$50 Summer Pre-College Musical Theatre Methods of payment include personal Check one: □Visa □Mastercard □A Card Number: □ Application will not be considered complete uselect a date for an audition. Please see www. SIGNATURE Please read the following state. I hereby apply for admission into the CAP21 are required before acceptance. An audition Musical Theatre Training Program, 2-Year Prunderstand that withholding information requidismissal. I understand that upon acceptance hold my space. No portion of the application Collaborative Arts Project 21 (CAP21) researe expected to comply with the rules of cadditionally reserves the right to solicit inform I certify that the information given is accurate Student's Signature For Students Under 18 Years Of Age Only I am fully aware that CAP21 does not provide	tre Training Program \$100 Musical Theatre Industry Practicum and Showcase Ind College Audition Prep Program I check, money order or credit card. For credit card payment: merican Express Discover Expiration Date: Name as listed on the card:

For more information or questions, please contact us. www.CAP21.org | AdmissionsInfo@CAP21.org | 212.807.0202

Date

Parent and/or Legal Guardian Signature