



YOUTH AMBASSADOR COUNCIL

Cultivation of the next generation of musical theatre, artists, patrons, and innovators.

APPLICATION

Please read the information sheet first to make sure you can meet the requirements of the program. Please download this fillable application form, complete it, and email it to: education-outreach@musical.org Questions? Please call (562) 856-1999 x241

Application and documents are due by September 25th at 11:59pm.

Student Name: _____

Preferred Name (if different from one above): _____

Date of Birth: _____ Grade: _____

School Attending: _____

Home Address: _____

Student Cell: _____

Student email (please no school emails): _____

Parent/Guardian Name: _____

Relationship: _____ Parent cell phone: _____

Guardian email: _____

Parent/Guardian Signature (e-signature if possible) _____

Please check your interests:

- Acting choreographing Costume Dancing Directing Lights Makeup Marketing
 Playwriting Props Sets Singing Sound Stage Management Ushering Watching shows

Other: _____

What other activities are you involved in?

- Fall Sports Winter Sports Spring sports Theatre Productions
 Music After School Job Volunteer work Tutoring Church group

Other: _____