JUNIOR YOUTH AMBASSADOR COUNCIL

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

APPLICATION

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 arts 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 ❑ Church/Faith group

Other:_____