2009 Student Application

To the student:
1. Please complete this form and mail it or fax it to:

Marsha Wheeler
179 Co. Rt. 64
Mexico, NY 13114
(315) 963-3885

2. Please ask a school teacher or private instructor/director to complete the separate recommendation form. This should be a person familiar with your education, abilities and talent. Along with the recommendation form, please provide him/her with a stamped envelope addressed as above.

Name: _____

Address: _____

Date of Birth: _____ Present Grade Level: _____

School & District: _____

Phone: (home) _____ (cell) _____ (work) _____

Email: _____

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Summerfame now offers students a comprehensive musical theater experience which includes acting, vocal music for the stage, and choreography for all. We also offer a technical theater program strand that does not include performing arts instruction.

Please select the area in which you will concentrate:

☐ Acting ☐ Vocal Music for the Stage ☐ Technical Theater Design*

*Technical theater students only – You will be assisting in stage management at Oswego Harborfest July 23-26. This may involve working with a stage crew, and performing duties typical to technical theater, including electrical wiring, sound reproduction, climbing scaffolds, lifting, sweeping, and general stage clean up. While at Harborfest, you will stay on the Oswego State campus, under the supervision of Mr. Richard Peterson. You will be transported to Oswego via Oswego BOCES transportation. While at Harborfest, you will travel via A & E Transport.

I have reviewed these terms and give permission for this student to participate in the Harborfest Technical Theater experience:

_____
Parent or Guardian Signature

All students: Please list your in-school and out-of-school experiences in the performing arts, including choirs, plays, dance studios, etc. You may attach a separate resume, if applicable.

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Does this student have an IEP? ____ If so, may we contact the school to review it? ____

_____ _____
Student Signature Date

_____ _____
Parent Signature Date

_____ _____
School District Designee (if district sponsors tuition) Date

2009 STUDENT RECOMMENDATION

Name of Student: _____

School: _____ Grade Level: _____

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Person Completing Recommendation: _____

School or Organization: _____

Phone: (Work) _____ (Cell) _____

Email Address: _____

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Please indicate your relationship to this student: _____

_____

_____

Do you feel that this student possesses the maturity to participate in a two week residential performing arts program? _____

If no, please explain: _____

_____

_____

Please provide a detailed recommendation for this student on a separate page attached to this form. In your recommendation, please include information on the skills, talent, teamwork, focus, and other pertinent information critical to the experience and your recommendation of the student.

_____ _____

Signature Date