



ROYAL MANITOBA THEATRE CENTRE 2016/17 BACKSTAGE PASS APPLICATION

APPLICATION DEADLINE: MONDAY, OCTOBER 3, 2016

CONTACT SHEET

This form must be completed by all Backstage Pass Applicants.

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

School: _____ Grade: 11 12

Age: _____ Date of Birth: ____/____/____

Please indicate any medical conditions and food allergies that we should be aware of. This information will be kept confidential:

Information about a Parent/Guardian:

Name: _____ Relationship: _____

Contact Numbers:
Daytime: _____ Cell: _____ Evening: _____

If the Emergency Contact Numbers are different than above, please fill out the following section:

1. Emergency Contact – Name: _____ Relationship: _____
Daytime: _____ Cell: _____ Evening: _____

2. Emergency Contact – Name: _____ Relationship: _____
Daytime: _____ Cell: _____ Evening: _____

Information about your Teacher:

Name: _____ Daytime Phone: _____

Email: _____

DECLARATION

This section must be completed by all Backstage Pass Applicants.

- I agree to attend all 6 Backstage Pass Sessions.
- I have included a reference letter from a teacher **AND** a letter outlining why I want to participate.
- I am under 18 years of age and I have received my parent(s)/guardian(s) permission to attend all 6 Backstage Pass Sessions **OR** I am over 18 years of age and do not need my parents' permission to participate.
- I am in Grade 11 or 12
- I will contact the Education & Community Engagement Manager, in advance, should any circumstance prevent me from attending Backstage Pass.
- I understand that I am responsible for my transportation to and from Royal MTC (174 Market Ave, Winnipeg, MB).
- I have listed all of my Food Allergies. I understand Subway will be providing lunch for the program.
- I confirm that the statements on the above contact form are true.

Student Signature: _____ Date Signed: _____

Parent/Guardian Signature: _____ Date Signed: _____

(if participant is under 18 years of age)

PHOTOGRAPHY RELEASE

This section is voluntary. Royal MTC appreciates your consideration.

I hereby grant to the Royal Manitoba Theatre Centre the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included, for theatre publications, electronic reproductions (websites) and/or promotional materials or any other purpose and in any manner or medium. In addition, I grant my permission to alter the same without restriction; and to copyright the same. I hereby release the photographer, graphic designers and the Royal Manitoba Theatre Centre from all claims and liability relating to said photographs.

Printed Name: _____ Date: _____

Signature: _____

(if under 18, please have signed by Parent or Guardian)

Street Address: _____

City/Province: _____

Postal Code: _____ Phone: _____

E-mail: _____