

ROYAL MANITOBA THEATRE CENTRE 24/25

YOUTH PROGRAM DESCRIPTIONS AND APPLICATION

Backstage Pass: Theatre Exploration (Grade 11 and 12 students)

Discover and explore how artists and craftspeople create the theatre magic you see onstage. Join this engaging series of eye-opening workshops led by theatre professionals to go behind-the-scenes, then see Mainstage productions for free. Learn about topics like design, choreography, auditioning, playwriting, and so much more! No experience is necessary – just curiosity, and a willingness to learn and have fun!

Backstage Pass happens during the school day, so you are responsible for getting permission to miss classes and other activities. Arrival is at 9:45 am. Lunch is provided. The end of day will depend on how long the show is, but sessions would finish at approximately 4:45 pm, or earlier. A detailed schedule will be sent before each session.

24/25 Backstage Pass Dates: Wednesdays October 30, December 4, January 15, February 26, April 9, May 7.

Young Expressions: Theatre Conversations and Appreciation (Grade 10, 11, and 12 students)

Everyone has an opinion – consider and develop yours! As a Young Expressions participant, you'll get a free VIP ticket to see select performances. Broaden your mind, strengthen your observational skills, and connect as one of the first to see our shows. At our last session you'll create a written or visual piece to share your opinions and experiences, which will be collected in a zine!

Sessions will begin at 6:00 pm and include dinner, discussion, and time with a special guest: a professional theatre artist, analyst, or reviewer. Afterwards, the participants will watch a performance, followed by a 15-minute post-show thought-gathering session, writing out gut reactions. The end of day will depend on how long the show is, but we expect evenings will end between 10:00 and 10:30. A detailed schedule will be sent before each session.

24/25 Young Expressions Dates: Thursdays October 24, November 21, January 9, February 13, March 20, April 10 (Family Day – bring a guest!); May 1 (Zine making)

Student Shadow Day (Grade 10, 11, and 12 students)

Do you wonder what it's like to work at Royal MTC? Students will have a private facility tour, meet and have the opportunity to ask questions of Production and Artistic staff, and experience a rehearsal or show environment. A limited number are available throughout the season (late October – mid May) on some Mondays, Wednesdays, or Thursdays. Dates are determined by Royal MTC's schedule and staff availability, as well as student availability. Please discuss the areas of theatre that interest you in your introduction letter.

Applying is as easy as 1-2-3!

- 1) Complete the application form. You can apply for more than one program by ranking your choices in order.
- 2) Write a letter introducing yourself and highlighting your interest in participating in a program – why do you want to join us this year? What are your interests? This is not an audition; we want to get to know you and understand why you want to participate. If this step is a barrier and you'd like to introduce yourself in a different format, contact Ksenia (info below) to make arrangements.
- 3) Include a letter of recommendation from a teacher outlining your enthusiasm, commitment, ability to collaborate, strengths and challenges.

Application Deadline: Wednesday, October 9, 2024 (11:59 pm)

Email (preferred): kbrodamilian@royalmtc.ca - type into the Word doc or fillable pdf, save the file, and attach to an email; or print out an application, write on it, and scan or photograph the pages to attach.

Fax: 204 947 3741

Mail: Education & Enrichment Manager, 174 Market Avenue, Winnipeg MB, R3B 0P8. Applications must **arrive** by the deadline to be considered, so **mail them early!**

Questions? Email Ksenia Broda-Milian, Education and Enrichment Manager, at kbrodamilian@royalmtc.ca or call 204-954-6413. Decisions will be communicated to students, teachers, and families by October 17.

**ROYAL MANITOBA THEATRE CENTRE 24/25
YOUTH PROGRAM APPLICATION
APPLICATION DEADLINE: WEDNESDAY, OCTOBER 9, 2024**



Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Student Cell Phone (if you have): _____

Email: This is how we communicate, so please check regularly! _____

School: _____ Grade: 10 11 12

**if there is a high number of applications, we accept maximum 2 students from the same school into each program*

Age: _____ Date of Birth: _____ / _____ / _____
Year Month Day

Check off the program you are applying to. You can apply to multiple programs. If so, mark 1st, 2nd or 3rd choice.

- Backstage Pass Program** (Gr. 11 & 12) is my _____ choice.
- Young Expressions Program** (Gr. 10-12) is my _____ choice.
- Student Shadow Program** (Gr. 10-12) is my _____ choice.

Have you participated in a Royal MTC youth program before? Yes / No If yes, which one? _____

Do you have any **medical conditions and food allergies** that we should be aware of? This will be confidential:

Do you have any **access needs** you'd like to share, or anything else that you think we should know about? This will be confidential:

Information about a Parent/Guardian/Caregiver – this person will be emailed about results and schedules:

Name: _____ Relationship: _____

Daytime phone: _____ Cell: _____ Email: _____

If this student is accepted, I give permission for this caregiver email address above to be distributed to other caregivers for the purpose of communicating about carpooling, etc. Yes / No (choose one)

In case of emergency, the first person we call should be: __ the caregiver above __ call person below first:

Emergency Contact Name: _____ Relationship: _____

Phone number 1: _____ Phone number 2: _____

In case of emergency, the next person we call should be: __ the caregiver above __ call person below first:

Emergency Name: _____ Relationship: _____

Phone number 1: _____ Phone number 2: _____

Information about your teacher reference:

If you're applying for Backstage Pass or a Shadow Day, we prefer that this is a teacher from your school to show that you are supported in participating in sessions during the school day, but for any program an outside-of-school adult teacher/mentor who knows you well is also acceptable.

Name: _____

Email: _____

Declaration:

This section must be completed by all Youth Program Applicants.

- I understand that by applying I am not guaranteed a spot this year.
- If selected, I agree to **attend all the scheduled dates** for the youth program(s) I've applied to unless I am ill.
- I have included a **reference letter from a teacher**.
- I have included a **letter outlining why I want to participate** (or link to a video/voice memo message).
- I am under 18 years of age, and I have received my parent(s)/guardian(s)/caregiver(s) permission to attend **all** scheduled sessions **OR** I am over 18 years of age and do not need permission to participate.
- If selected, I understand I am **expected to attend all sessions** of the program, but I will contact the Education & Enrichment Manager **before** a session if I cannot make it.
- If selected, I understand that I am responsible for my transportation to and from Royal MTC (174 Market Ave, Winnipeg).
- I have listed all my food allergies and medical conditions.
- I confirm that the statements on the above contact form are true.

Student Signature: _____

Date Signed: _____

Parent/Guardian Signature: _____
(if participant is under 18 years of age)

Date Signed: _____

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: _____