

**ORCHARD PERFORMING ARTS COM INC at APPLE HILL PLAYHOUSE**

PO BOX 270 GREENSBURG PA 15601

**APPRENTICE APPLICATION 2016**

\_\_\_\_\_  
Last Name First Name Age Date of Birth

\_\_\_\_\_  
Mailing Address City Zip Code

\_\_\_\_\_  
Phone Email Address

Available Dates for Participating in program: \_\_\_\_\_

Scheduled Vacation Dates: \_\_\_\_\_

School: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

WORK EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

THEATRE EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERENCES: Name two individuals who can attest to your character and abilities. Include phone numbers.

\_\_\_\_\_

\_\_\_\_\_

**Rank your theatre interests 1-7. Most interested – 1 Least interested-7**

\_\_\_\_ Stage Management \_\_\_\_ Set Building/Painting \_\_\_\_ Costume Construction \_\_\_\_ Props Design/ Collection

\_\_\_\_ Lighting Design/Operation \_\_\_\_ Sound Design/Operation \_\_\_\_ Front of House (House/Box Office)

PURPOSE: Please state the reason you are applying for the Apprenticeship Program. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date Signature of parent/guardian