Please print and complete this application; then mail to **Stephanie Jess**, **55 Chinquapin Court**; **Lake Jackson**, **TX 77566** or fax to (979)-265-6022 so it's received by April 30, 2013.

APPLICATION FOR BCS SUMMER WORKSHOP HELPER

Name:	Date of Birth:
Home Address:	
Email Address:	
Home Phone Number:	Other #:
Emergency Contact Name:	
Phone:	
Social Security Number:	
Check the workshop(s) for which you're interested in h	elping:
Children's Musical Theatre Workshop - Session	on I • June 24-28 • 9 a.m. – 3 p.m.
Children's Musical Theatre Workshop - Session	on II ● July 1-3 & 5-6 ● 9 a.m. – 3 p.m.
Children's Drama Workshop - Session I • Jul	y 29 - August 3 ● 9 a.m.– 3 p.m.
Children's Drama Workshop - Session II • Aug	gust 5-10 • 9 a.m.– 3 p.m.
Are there any days or hours during the session(s) that ywork? If so, please list:	
Past Experience in BSC Summer Workshops: If you have helper at any BCS summer workshop in the past, pleas your participation for each. (For example, I played Capta helper for drama workshop")	se list the year(s), or the show title(s), and describe
Other Musical or Theatre or Leadership Experience: If y feel has prepared you for this position, please describe	