Please print and complete this application; then mail to **Stephanie Jess, 55 Chinquapin Court Lake Jackson 77566** or fax to (979) 265-6022 so it's received by April 30, 2012.

APPLICATION FOR BCS SUMMER WORKSHOP HELPER

Name:	Birth date:
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 helping:
Children's Musical Theatre Workshop Children's Musical Theatre Workshop	
Children's Drama Workshop - SessionChildren's Drama Workshop - Session	•
Are there any days or hours during the session(not be available to work? If so, please list:	
D 45 : : : : : : : : : : : : : : : : : :	
Past Experience in BCS Summer Workshops: crew member or as a helper at any BCS summer year(s), or the show title(s), and describe your played Captain Smear in Sinbad when I was 9." or	er workshop in the past, please list the participation for each. (For example, "I
Other Musical or Theatre or Leadership Experie experience that you feel has prepared you for the	
(You may use the back of this sheet to list any addi	tional information necessary.)