



REP **REPERTORY PHILIPPINES** **Workshop for Performing Arts** **Enrollment Form**

OR _____

DATE: _____

CLASS: _____ SCHEDULE: _____

TEACHERS: _____

PERSONAL DATA (Please print in BOLD LETTERS)

NAME: _____ NICKNAME: _____

ADDRESS (RES): _____
 (OFF): _____

TELEPHONE #: _____ MOBILE #: _____

BIRTHDATE: _____ AGE: _____ CITIZENSHIP: _____

NAME OF PARENTS (FATHER): _____ OCCUPATION: _____
 (MOTHER): _____ OCCUPATION: _____

VOICE CLASSIFICATION: ___Alto; ___Soprano; ___Tenor; ___Bass

SCHOOL: _____ YEAR/COURSE: _____

PROFESSION / OCCUPATION (if any): _____

THEATRE / OTHER ACTING EXPERIENCE:

(Please include stage, TV, movies, commercials, etc. use the back of the paper if needed)

TITLE	ROLE	DIRECTOR	YEAR

 SIGNATURE OF APPLICANT

 DATE SUBMITTED

