



TRED AVON PLAYERS

## ACTING CLASS APPLICATION

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone #'s (Preferred) \_\_\_\_\_ (Backup) \_\_\_\_\_

E-Mail \_\_\_\_\_

Age Range You Can Play: \_\_\_\_\_

Shows for TAP? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Experience elsewhere? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about the workshop? Newspaper \_\_\_ Email \_\_\_ Friend \_\_\_ Website \_\_\_

**Return to Tred Avon Players – PO Box 444- Oxford MD 21654**

**Or email to :[info@tredavonplayers.org](mailto:info@tredavonplayers.org)**