



# CENTRE CITY MUSIC THEATRE

Summer School 2009 Application Form

12 – 24 January 2009

Student's Surname		Student's First Name	
Street Address		Home Phone	
Suburb		Mobile Phone	
Email Address		Business Phone	
Date of Birth		Age	<input type="checkbox"/> M <input type="checkbox"/> F
Year in School		Name of School	

*If under 18 please supply parent/caregiver details below.*

Mother/Caregiver Name		Father/Caregiver Name	
Address		Address	
Home Phone		Home Phone	
Business/Mobile		Business/Mobile	
Email		Email	

Have you attended a previous CCMT Summer School?      YES      NO

If yes, what year(s)      2006      2007      2008

How did you find out about CCMT? \_\_\_\_\_

Please attach to your application a **recent photograph** and **2 copies of a brief CV** with the following details: any dance, drama or vocal training, exams (including last grade passed, competitions, shows in which you've performed and your role. **PLEASE NOTE** (*All information requested in this application form is essential. Incomplete forms will not be processed.*)

Auditions for Auckland area applicants will be held in August and December at ACG Senior College. Applicants from other parts of NZ may audition by video/DVD. Audition times and details will be emailed to you. If, for any reason, you are not successful in the audition and are not accepted into the school, you will receive a full refund of any fees paid.

### **FEE INFORMATION**

2009 CCMT Summer School Fees:

Applications received before 1 July 2008. . . . . \$450 (6 payments of \$75)  
 Applications received before 1 October 2008. . . . . \$495 (3 payments of \$165)  
 Applications received by deadline of 1 December 2008. . . . . \$545 (1 payment only)

*The first payment is due with your application and the following payments will be due on the 15<sup>th</sup> of each month with the final payment due 15 December 2008. Post dated cheques for all additional payments should be included with your application. Applications will not be accepted after 1 December 2008.*

**PLEASE READ & COMPLETE PAGES 2 & 3**

Student Name \_\_\_\_\_

## MEDICAL INFORMATION & EMERGENCY CONTACTS

To the best of my knowledge, I have no health condition which would interfere with my attendance at the CCMT Summer School, or interfere with the experience or enjoyment of any other student attending CCMT Summer School. Any condition I have, or medication being taken is listed below. In the event of an emergency associated with any health conditions, and where my parent or guardian cannot be contacted, I consent to being taken into the care of a health professional and undertaking any treatment they may consider necessary.

Any medical or other conditions: \_\_\_\_\_

Do you carry any medication? YES / NO Please specify \_\_\_\_\_

Emergency Contacts:	Name	Relationship	Phone #
	_____	_____	_____
	_____	_____	_____

### CCMT Summer School Terms and Conditions

- ★ I understand that the payment is non-refundable for accepted applicants. CCMT has the sole discretion to accept or decline any applications and to consider any requests for refund should unforeseen serious circumstances prevent attendance after enrolment and before the school commences.
- ★ I agree to attend all classes and rehearsals during Week 2. I understand that failure to attend Week 2 classes and rehearsals will result in ineligibility to participate in the performance(s).
- ★ I agree that I will remain on the premises of ACG Senior College each day for the duration of the school and not leave the building unless advised to by CCMT.
- ★ I agree to reimburse AGC Senior College for any damage or loss caused by me to any equipment or to the premises.
- ★ I consent to the taking of any moving or still image of me during the CCMT Summer School or related to it; and to the use of any written feedback I may give; in advertising, commercial or promotional material for the future CCMT Summer Schools and Programmes.
- ★ I acknowledge that there is to be no private or personal video recording of CCMT Summer School classes or CCMT Summer School performances.
- ★ I understand that, if at any time during the course of the CCMT Summer School, I exhibit behaviour that is disruptive, destructive, or dangerous I may be asked to leave the programme.

***I have read and agree to adhere to the Terms and Conditions of attendance at CCMT Summer School 2009 as set out above.***

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Caregiver Signature (if under 18yrs)*

\_\_\_\_\_  
*Date*

Student Name \_\_\_\_\_

## TEACHER CONTACT INFORMATION

We would like to provide your drama, dance and singing teachers with information about CCMT and our future programmes. We would appreciate it if you would complete the following information for our records:

Teacher Name	<input type="checkbox"/> Dance <input type="checkbox"/> Drama <input type="checkbox"/> Voice <input type="checkbox"/> Instrumental	Address
Daytime Phone:	Email	
Mobile Phone:		
Teacher Name	<input type="checkbox"/> Dance <input type="checkbox"/> Drama <input type="checkbox"/> Voice <input type="checkbox"/> Instrumental	Address
Daytime Phone:	Email	
Mobile Phone:		
Teacher Name	<input type="checkbox"/> Dance <input type="checkbox"/> Drama <input type="checkbox"/> Voice <input type="checkbox"/> Instrumental	Address
Daytime Phone:	Email	
Mobile Phone:		
Teacher Name	<input type="checkbox"/> Dance <input type="checkbox"/> Drama <input type="checkbox"/> Voice <input type="checkbox"/> Instrumental	Address
Daytime Phone:	Email	
Mobile Phone:		
Teacher Name	<input type="checkbox"/> Dance <input type="checkbox"/> Drama <input type="checkbox"/> Voice <input type="checkbox"/> Instrumental	Address
Daytime Phone:	Email	
Mobile Phone:		

*Please mail completed application and payment to:*

**CCMT**  
**PO Box 33372**  
**Takapuna, Auckland 0740**