



Inspiring Talent
Whakaihiihi Pumanawa

CENTRE CITY MUSIC THEATRE
Emerging Talent School/Focus Workshops Application
9-22 January 2012

Please tick one: *Emerging Talent School* *Focus Weekend Workshops*

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

If under the age of 18 please supply parent/caregiver details below.

Mother/Caregiver Name		Father/Caregiver Name	
Street Address City, Post Code		Street Address City, Post Code	
Home Phone		Home Phone	
Business/Mobile		Business/Mobile	
Email		Email	

Have you attended previous CCMT Programmes? YES NO

If yes, what year(s) 2006 2007 2008 2009 2010 2011

Please attach to your application 2 copies of a brief CV with the following details:

- *Any dance, drama or vocal training you have had and where
- *Exams (including last grade passed) and/or competitions
- *Shows in which you've performed and your role
- *Headshot or recent photo
- *Audition DVD or internet link

Audition Notice: The directors for our 2012 programmes are coming from overseas so auditions will be done via DVD or internet video link. Please be sure to include this with your application. 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

2012 CCMT Emerging Talent Fees: \$585 (\$485 if registered by 1 November 2011) *GST Included*
2012 CCMT Focus Workshop Fees: \$675 (\$575 if registered by 1 November 2011) *GST Included*

Direct credit payment can be made to: *ASB Bank Account: 123216 0106967 01*
Please identify name on deposit

Important Note: *A non refundable deposit of \$100 is due with your application. The deposit will be applied to your account. Fee balance must be paid in full by 15 December 2011.*

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 Emerging Talent School/Focus Workshops, or interfere with the experience or enjoyment of any other student attending these CCMT programmes. 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, guardian or emergency contact cannot be reached, 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 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 programme commences.
- ★ I agree to attend all scheduled classes and workshops during the two week or two weekend session.
- ★ I agree that I will remain on the premises of ACG Senior College for the duration of the programme session and not leave the building unless advised to by CCMT (Emerging Talent School students under the age of 14 are not permitted to leave the building during lunch break and students 14-17 years old must have written permission from a parent or guardian to leave the building during lunch break).
- ★ 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 Emerging Talent School/Focus Workshops or related to it; and to the use of any written feedback I may give; in advertising, commercial or promotional material for future CCMT Programmes.
- ★ I acknowledge that there is to be no private or personal video recording of CCMT Emerging Talent School/Focus Workshops.
- ★ I understand that, if at any time during the course of the CCMT Emerging Talent School/Focus Workshops, 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 Emerging Talent School/ Focus Workshops 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:

Would you like us to invite any of your tutors to CCMT performances open to the public? Yes No

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

Please mail completed application and payment to:

CCMT
PO Box 33 670
Takapuna, Auckland 0740