



## ROSEBUD SUMMER THEATRE CAMP APPLICATION

**Dates:** July 5 - 11, 2026

**Price:** \$750 + GST

Any questions can be directed to [admissions@rosebudschoolofhearts.com](mailto:admissions@rosebudschoolofhearts.com)

### I. PERSONAL INFORMATION

Name \_\_\_\_\_  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Goes by) \_\_\_\_\_

Pronouns: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_

Name of High School presently attending \_\_\_\_\_

High School location (City, Province) \_\_\_\_\_ Grade Entering in Fall 2026: \_\_\_\_\_

Your Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Nighttime Phone \_\_\_\_\_

Second Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Nighttime Phone \_\_\_\_\_

### II CAMP INFORMATION

How did you learn about the Summer Theatre Camp?

Why are you interested in attending the RSA Summer Camp?

**What is your experience in theatre so far?**

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### **III. HEALTH INFORMATION**

**Provincial Health Care No.** \_\_\_\_\_ **Province** \_\_\_\_\_

**Name of Doctor or Clinic:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Do you currently have any allergies or dietary restrictions we should be aware of?**

**Yes**  **No** (Circle one)

If yes, please specify your allergies & dietary restrictions.

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**Are you currently taking any medication for a physical or psychological condition?**

**Yes**  **No** (Circle one)

If yes, please specify the medication, for what condition and how long you have been taking it.

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**Are there any health, mental health, learning challenges or limitations that could affect your participation in Summer Theatre Camp?**

If yes, please explain.

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#### **Other Requirements:**

**Please email a headshot (photo)**

**Please email a 100-200 word bio about yourself**

### **APPLICATION PROCESS**

**Please ask two people to submit a reference form.** The referees should be people who know you well at this point in your life, for example a teacher, employer or friend. Referees will send their documents directly to Rosebud School of the Arts, where they remain confidential.

Once your application has been accepted, you'll be contacted by the Summer Theatre Camp Coordinator. Billing information and options for payment will be communicated to you at that point.

I understand that use of smart phone / device will be limited to 1/2 hour per day for the duration of the Rosebud Summer Theatre Camp.

\_\_\_\_ Initials

**Submit completed application form to: [admissions@rosebudschoolofhearts.com](mailto:admissions@rosebudschoolofhearts.com)**