



Rosebud School of the Arts

Discovery Weekend Application

First Name: _____ Middle Name: _____
Last Name: _____
Preferred Name: _____
Pronouns: _____

Permanent Address: _____
City: _____ Province: _____
Postal Code: _____ Country: _____
Cell: _____ Other Phone: _____
Email Address: _____

Emergency Contact (parent or next of kin):
Name _____ Relationship: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Email: _____

How did you hear about RTSA:

Would you like us to be aware of any disabilities or challenges so we can best accommodate your Discovery Weekend experience?

Is there any additional health information that you would like us to be aware of?

Discovery Weekend Fee of \$140.00

Pay your program application fee in one of three ways:

1. E-transfer to accounting@rosebudtheatre.com
Specify "Discovery Weekend fee for [name]"
2. Cheque mailed to:
Rosebud Theatre and School of the Arts
Attn: Finance
PO Box 654
Rosebud AB T0J 2T0
Note on cheque: "Discovery Weekend fee for [name]"
3. Credit Card by calling: 1-800-267-7553 during office hours. Specify "Discovery Weekend fee for [name]."

Please Note: Application fee should be made at the same time this application is submitted.

Submit Your Application:

admissions@rosebudschoolofthearts.com

All information collected will be used according to current privacy legislation.

Questions? Please contact admissions@rosebudschoolofthearts.com