## ALBERTA THEATRE PROJECTS

## **JOB SHADOWING REQUEST FORM**

Spend some time with us at ATP shadowing professional artists working at ATP. Job shadows are set up on a show-by-show basis pending production schedules and artist availability. Select the Job Shadow session that works for you and we'll work with your schedule to accommodate you.

Name:			Ce	ell Phone:		
Address:			City:		Postal Code:	
Email Addres	ss:				-	
(If applicable	) School &/OR I	Level of Educatio	n (ie: Grade or	Program:		
Emergency C	Contact:					
Name:			Relationship:			
Phone Numb	er:					
Your Availabil	ity:	he days and times you v				
Monday		Wednesday	Thursday	Friday	Saturday	Sunday
Please specify	any date restri	ictions:				1
Your main are	as of interest ir	n Theatre:				
Your Expectat	ions:					
(Continued on	the next page)					

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Areac	f Interest (select one only):					
	A. Production Arc: Join us for a first, mid-process, and dress reheal only).	earsal of a show (observational				
	B. Discovery Session: Have multiple interests in theatre? Pick an interest area and we will set you up with someone from our team to tell you about their process (30-60 min only - sometimes followed by a One on One)					
	C. One on One: Know who or what area you want to shadow at A interest (one per request) and we will pair you with someone fro they work. (length of session(s) range depending on request).  D. Other (please explain):					
Please note that Job Shadowing opportunities are subject to the requirements of the production. Due to the dynamic nature of live theatre job shadow schedules are subject to change.						
Partio	cipants Signature:	Date:				
(if app Signa	olicable) Parent/Guardian ture:	Date:				

Submit your completed form to Vicki Trask, Youth Engagement & Artist Liaison: <a href="mailto:vtrask@atplive.com">vtrask@atplive.com</a>