



2024 APPRENTICE 4, 4, & 4 PROGRAM

Name: _____ Age: _____

Home Address: _____

Summer Address, if different: _____

Cell Phone or Guardian's phone if under 18: _____

Email or Guardian's email if under 18: _____

Parent or Guardian's name if under 18: _____

Name of School and Grade in 2024: _____

What is your availability between June 1, 2024 and Labor Day. Please be specific with dates:

Theatre Experience: school work church classes other: _____

Type of Theatre Experience (for instance: performance, running spot, backstage, shop, etc.)

Email form to: Jordan Polefka Assistant Director of Education; surflightapprentice@gmail.com

or

Mail to: Surflight Theatre, Attn: Jordan Polefka, PO Box 1155, Beach Haven, NJ 08008