Please complete this form and turn it in at the time of your audition

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year in the fall: (circle one) Freshman Sophomore Junior Senior

Team: (circle one) Improv Team Dance Team

1. Why do you want to be a part of THE FURNACE COMPANY?

2. Describe your relationship with the Lord – both strengths and weaknesses.

3. What are the personal weaknesses you might struggle with most in being part of THE FURNACE COMPANY?

4. What is your training and experience in the performing arts?

5. Describe your involvements in school, work, church, home, and other activities for next year. (Sports, leadership roles, etc.) Include how much of a time commitment these activities require.

6. Are you able to attend our FURNACE COMPANY RETREAT (August 15th, 2022 9:00am-5pm)? This is an important time where we gather as a team to bond and hone our skills.

Circle One YES NO

7. Are you able to attend our FURNACE COMPANY TOUR (November 2nd-5th, 2022)-Location TBD.

Circle One YES NO

7. Please get the signature of one teacher at Wheaton Academy that could provide a personal reference for you as to your responsibility, integrity, reliability, etc. If you are not yet a student at WA, please have a teacher from your current school write a reference letter for you. You can attach this letter to your application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Signature Date Phone # (if not a teacher at WA)

8. Are you willing to make a commitment for the full school year to be a part of THE FURNACE COMPANY? (Keep in mind there will be at least one rehearsal a week sometimes more, many performances, a retreat, and a tour.)

If so, sign below and have your parents review your application and sign it as well.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Your signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Your parent’s signature Date