

# NEW TRIER TOWNSHIP HIGH SCHOOL DISTRICT 203

*To commit minds to inquiry, hearts to compassion, and lives to the service of humanity.®*



## APPLICATION FOR THEATRE TRIP TO NEW YORK 2017-2018

### TO BE COMPLETED BY APPLICANT:

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Birth date: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Adviser: \_\_\_\_\_ I.D. # \_\_\_\_\_ Gender: M F Other

2017-18 theatre teacher: \_\_\_\_\_ Number of years studying theatre at NTHS: \_\_\_\_\_

Previous travel experience: \_\_\_\_\_

Unscheduled periods during the school day: \_\_\_\_\_

Person (other than adviser) who will write a recommendation for you: \_\_\_\_\_

Are you considering a theatre major beyond high school? \_\_\_\_\_

**I understand that it is my responsibility to adhere to the expectations and rules of Theatre Trip to New York Program and of New Trier High School. I will conduct myself in a manner befitting my school.**

\_\_\_\_\_  
Signature of applicant Date

### TO BE COMPLETED BY PARENT/GUARDIAN:

**My son/daughter \_\_\_\_\_ has permission to participate in the Theatre Trip to New York. I understand that he/she must abide by the expectations and rules of the program and of New Trier High School.**

\_\_\_\_\_  
Signature of parent/guardian Date

**PROGRAM COST:** \$1625.00 (30 participants) or \$1725.00 per person (20 participants)

**PLEASE DO NOT WRITE BELOW.**

Date of Payment	Amount of Payment