



The Musical Theater Performance Project 2011

August 9–15, 2011

Contact Information

Last Name:	First Name:
Permanent Email Address:	Mobile Phone:
Date of Birth (Month/Day/Year): <i>*15-25 years of age to apply</i>	Other Phone:
Street Address:	City, State, Zip:
How did you hear about the program:	

Application Requirements

With this printed application form please also submit the following items:

(Please note that space is limited -- Apply today!)

1. Completed Application Form
2. Headshot or dance photo
3. Performance résumé
4. DVD recording or YouTube URL that displays your **technical ability** and **personal style**
(No VHS tapes please)
YouTube URL if available: _____
 - a. Singing 32 bars that shows your vocal range
 - b. 1-2 minutes of dance displaying your technique and style
5. One letter of recommendation
6. A non-refundable \$25 Application Fee payable to Broadway Dance Center
(Check, Money Order, Visa or Master Card – please write credit card information on this form, or fax or phone it in to us.)
7. Please sign the Release and Waiver on the next page.

Name on Credit Card:

Credit Card Number: _____ Expiration Date: _____

Cardholders Signature:

Please mail this form and all application materials to:

**Broadway Dance Center
Attn: The Musical Theater Performance Project
322 West 45th Street, 3rd Floor
New York, NY 10036**

**Rolling admissions. Payment of tuition is due in full 30 days after acceptance and no later than July 12, 2010.
No refunds after July 19, 2010.*

For questions, please visit www.BroadwayDanceCenter.com/mtp, email mtp@bwydance.com or call 212-582-9304 x23.

Release & Waiver

I understand that dance instruction requires physical exertion. I also acknowledge that injury may result during instruction, including but not limited to as a result of physical contact with other students, instructors, or fixed or movable objects, or the condition of the floor. I represent that I am medically and physically able to safely participate in dance classes, workshops, rehearsals, photo shoots and performances and to meet the physical demands thereof. I agree to assume all risks associated with participating in dance instruction, workshops, rehearsals, photo shoots and performances at or in connection with Broadway Dance Center. If, at any time hereafter, I have any medical or physical limitation or condition that might affect my ability to safely participate in dance classes, workshops, rehearsals, photo shoots or performances, or meet the physical demands required thereof, I will make such limitations and conditions immediately known to Broadway Dance Center. In view of the foregoing, and as a term and condition of receiving dance instruction at Broadway Dance Center, I, for myself, my spouse, heirs, legal representatives and assigns, expressly release, waive and discharge Broadway Dance Center, its officers, directors, employees, agents, successors, predecessors, sponsors, legal representatives and assigns, from all present and future claims, demands, actions, judgments, executions and liabilities of any kind, known or unknown, that now have, ever had or may have, or claim to have, against Broadway Dance Center, its officers, directors, employees, agents, successors, predecessors, sponsors, legal representatives and assigns, created by, as arising out of, any dance instruction, workshop, rehearsal, photo shoot, performance or related activity, regardless of where held or when held, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities, breach of contract or otherwise, and whether for bodily injury, property damages or loss or otherwise. This release is for the entire premises of Broadway Dance Center, including but not limited to locker rooms, studios, bathrooms, parking areas, sidewalks, alleys, stairwells, elevators, buildings and grounds.

Participants Signature

Parent or Guardian's Signature if Participant is under 18 years of age