After School Leaders Registration Form

Devised Theatre Creation with

Manitoba Theatre for Young People





Personal information

Full Name:		**Pronouns:**	
Address and Postal Code:			
Email:			
Phone:			
School:		**Grade:**	
Manitoba Health Number (9 digits):			
Birthday:		**Age:**	

Parent/Guardian Information

Parent/ Guardian's Full Name		**Pronouns:**	
Address and Postal Code:			
Email:			
Phone:			

Self-Identification Questions

Are you First Nations, Métis, or Inuit?		**Are you a visible minority/ Person of Colour?**	
Do you have any disabilities you would like us to know about? If yes, what accommodations do you need?			
Please list any allergies or dietary restrictions you have.			
Please list any medical information that we should be aware of.			

Application Questions

Why are you interested in enrolling in the After School Leaders program at Manitoba Theatre for Young People? What do you hope to learn?	
What excites you about being a Leader in your community? What are some ways that you show leadership in your life?	

Mentor Recommendation

This section is for a mentor to fill out. They could be a teacher, a coach, a director, a boss. Someone who knows you, but is not family, and can tell us why you would be a good fit to join this leadership program.

Full Name:		**Pronouns:**	
Email:			
Phone:			
Relation to Applicant:			
Why do you believe that this applicant would be a good fit for the After School Leaders program?			