

OTTAWA
THEATRE
SCHOOL
The Acting Conservatory Program

Date of Registration _____

Full Name: _____

Address: _____ City: _____ Postal code: _____

Home Tel. # _____ Business/Cell Tel. # _____

Age: _____ Gender: Male Female Date of birth (d/m/y): _____

E-mail: _____

Safety and Medical Information: (If applicable.)

Behavioural, medical or other information that the School should be aware of:

*Failure to disclose this information at the time of registration will result in the student not being allowed to continue in the program

Payment Information:

There is a \$25.00 non-refundable audition fee.

Fee: \$25.00

GST: _____

Total Payable: _____

for office use only

Audition - Date:

Audition - Time:

Call Back - Date:

Call Back - Time:

Accepted

Not Accepted

Payment Method: (please choose one) Visa MasterCard

Name on Card # _____

Card # _____ Exp. date _____

Cheque (made payable to: OSSD)

Cash/Debit

Charitable Bus. # 14067 9754 RR0001

Signature _____ Date _____

294 Picton Ave. Ottawa, ON, K1Z 8P8

Email: info@ossd.com

Telephone: (613) 567-6788

Fax: (613) 567-4240