

AMBASSADOR APPLICANT INFORMATION

Student: _____

Address: _____

Cell Phone: _____

Email: _____

Parent/Guardian: _____

Address (if different than students): _____

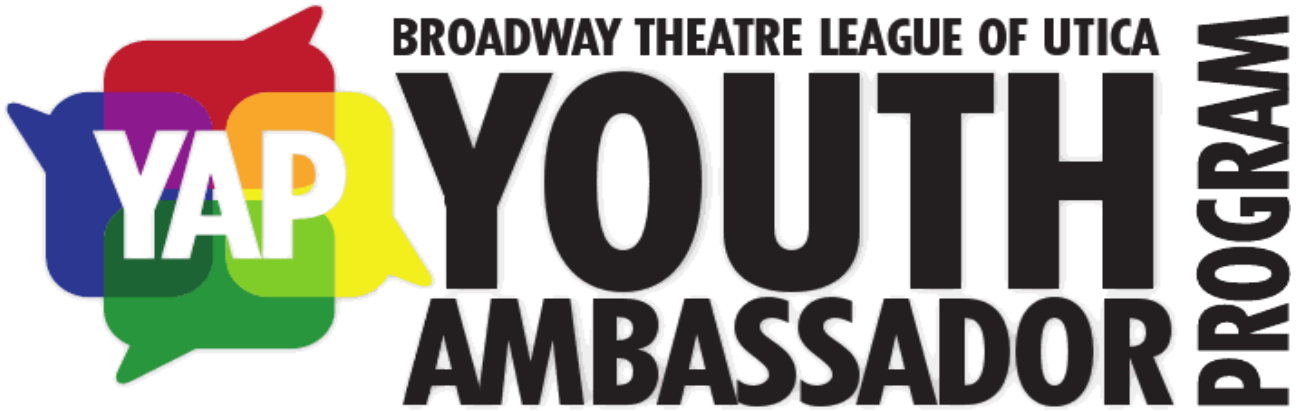
Phone: _____

STUDENT AGREEMENT

I, _____, agree to abide by the YAP Guidelines.

Print Name

Student Signature & Date



APPLICATION ESSAY

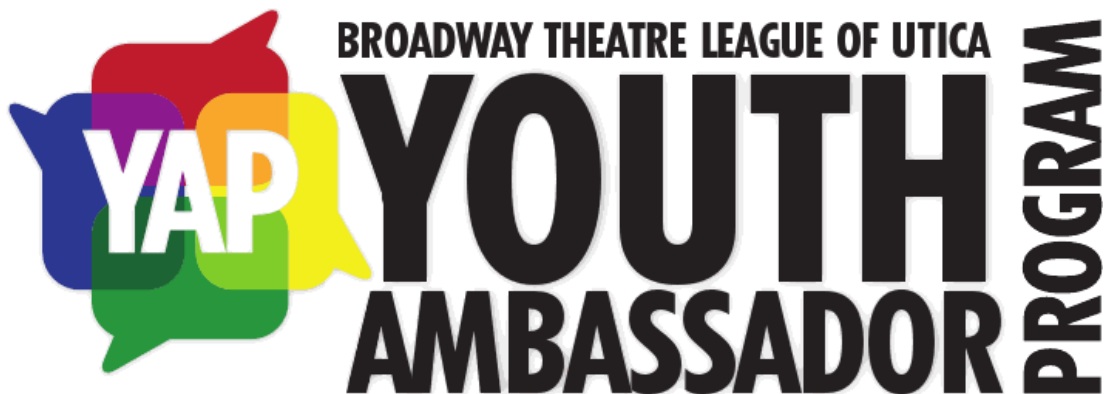
Name:

Date:

Junior or Senior:

Please answer the following questions thoroughly:

- 1) Why would you like to become a Bernadette A. Eichler Youth Ambassador?
- 2) What is your expectation of the program?
- 3) How do you feel you will grow from being a YAP member?
- 4) Any additional information you would like to provide or skills you have to compliment the program?



PHOTOGRAPHY RELEASE FORM

For valuable consideration received, I grant Broadway Theatre League of Utica, Inc. and legal representatives and assigns of such, the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; and to alter and composite the same without restriction and without my inspection or approval. I hereby release Broadway Theatre League of Utica, Inc. and their legal representatives and assigns from all claims and liability relating to said photographs.

Student Print Name

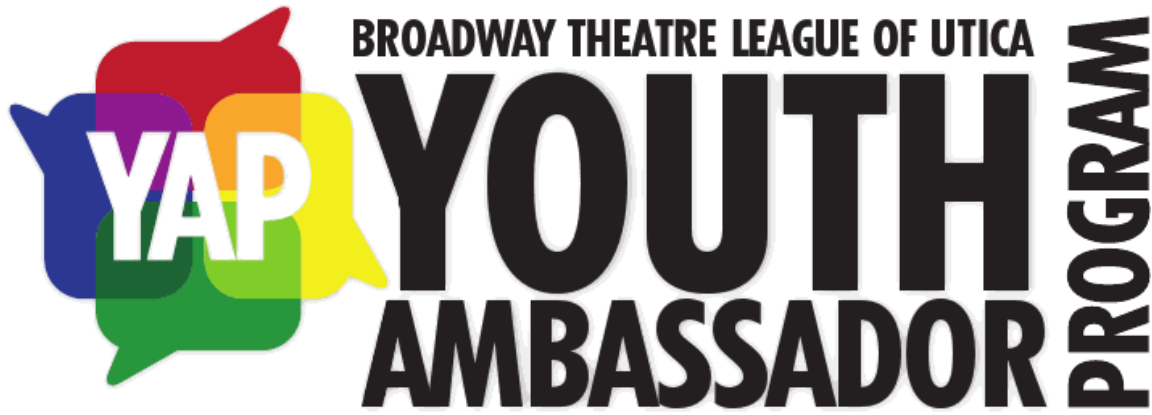
Student Signature & Date

Parent Print Name

Parent Signature & Date

Witness Print Name

Witness Signature & Date



PARENTAL CONSENT FORM

I, _____, give my child

permission to participate in the 2019-2020 Youth Ambassador program with Broadway Utica. I understand the commitments and obligations associated with this program and support their decision to be a Youth Ambassador!

Name: _____

Signature: _____

Date: _____