



Young  
Audiences  
Arts for  
Learning

New Jersey &  
Eastern  
Pennsylvania

## EMERGING ARTISTS CREATIVITY HUB

### Application Form

**Please fax, email or mail completed application to:**

Young Audiences New Jersey & Eastern Pennsylvania

Attn: Adam Nicolai

200 Forrestal Rd, Princeton, NJ 08540

anicolai@yanj.org

fax: 609-243-8999

#### **Student**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email \_\_\_\_\_ Grade \_\_\_\_\_

Art Form (in which you participate)

Other Areas of Interest (in the arts or other areas of study)

What do you hope to get from participation in this program?

What do you think you would bring to this program by your participation?

How did you hear about the EACH program?

**Guardian/Parent**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Additional Guardian/Parent**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Please list any physical limitation of student (allergies, hearing, sight, etc.)

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Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_