Application for enrollment to the Institute

Institute for Historical Echoes First-person Performers
Institute.historical-echoes.com
425 West Saline, #6, Lindsborg, KS 67456

Student name

Preferred address: _____ _____

☐ Phone(s) Mobile: _____ _____ _____ Other: _____ _____ _____

☐ Email:_____@_____

Indicate preferred method of contact and best time to call: _____

☐ Check here if text messages accepted. Sign your application and date it at the conclusion and return to the address above.

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1. Do you currently have an idea of how you might use your performing skills? Explain briefly.

2. What special needs might you have that you wish to share? (Handicap facilities, overnight accommodations, dietary restrictions or needs).

3. Please write a short paragraph statement indicating why you wish to become a First-Person, professional performer.
   a. ☐ Check here if you used the back page.
   b. What special experiences and/or talents do you have on which to build your artistic studies?