

2010 PENINSULA PLAYERS INTERN APPLICATION  
Deadline April 1, 2010



Name: \_\_\_\_\_ (M  F  ) Age: \_\_\_\_\_

Present Address to June 1: \_\_\_\_\_

(e-mail) \_\_\_\_\_ Tele # ( \_\_\_\_\_ )

Permanent Address (if different from above): \_\_\_\_\_

\_\_\_\_\_ Tele # ( \_\_\_\_\_ )

Current school Name: \_\_\_\_\_ Year in school: \_\_\_\_\_

Major: \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_ (phone#) \_\_\_\_\_

Advisor's e-mail: \_\_\_\_\_ Dates of Spring Break \_\_\_\_\_

What Areas of Theatre would you like to experience? (Please list 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> through all)

Scenic _____	Stage Management _____	Publicity _____
Wardrobe _____	Admin/Box Office _____	Sound _____
Electrics _____	Properties _____	Acting _____

*These selections will help determine experiences of participants in the Peninsula Players Intern Program.*

If accepted, please list your availability dates. Start date: \_\_\_\_\_ Will you be able to stay through Labor Day? \_\_\_\_\_ Until Mid-October? \_\_\_\_\_ What is the latest day you can stay? \_\_\_\_\_

Do you have any physical handicaps or chronic illnesses that would prevent you from performing certain types of physical labor? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Are you on any special diets? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

\_\_\_\_\_ Are you a vegetarian? \_\_\_\_\_

Do you have a valid driver's license? Yes  No

Do you have a car available to you during your internship? Yes  No

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**ADDITIONAL REQUIREMENTS**

Attach resume of relevant information: theatre classes, work on crews, acting assignments, roles played on stage, other related experiences, etc.

A cover letter with personal statement about what your expectations are and why you are applying for internship at Peninsula Players.

Enclose a non-returnable recent photo of yourself. A snapshot is satisfactory.

Two references from people acquainted with your theatre, and/or management/business experience. If letters not included please provide their names, address, phone and e-mail below.

1. \_\_\_\_\_ 2. \_\_\_\_\_

*Please feel free to provide us with any additional information, which you feel, will help us in evaluating your application.*

**All of the above must be on file before applicant is considered.**  
Complete the application and return to Peninsula Players:  
Audra Baakari Boyle, Business Manager,  
Winter address (Oct-April 1): PO BOX 1025 Waukesha, WI 53187  
Summer (May 1-Oct 20): 4351 Peninsula Players Road, Fish Creek, WI 54212  
For more information contact Audra at 920-868-3287