



General Information			
Name		Stage Name <i>(optional, if already chosen)</i>	
Phone Number(s)		E-mail Address	
Website(s)/Facebook Page(s)			
Age	Occupation	Marital Status	Number of Children

Performance Experience/Interest	
Have you ever seen a burlesque show? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever seen a Salomé Cabaret show? <input type="checkbox"/> Yes <input type="checkbox"/> No
What performance/technical experience do you have? <i>(check all that apply and provide details below)</i>	
<input type="checkbox"/> Dance	<input type="checkbox"/> Music
<input type="checkbox"/> Comedy	<input type="checkbox"/> Fire Arts
<input type="checkbox"/> Juggling	<input type="checkbox"/> Magic
<input type="checkbox"/> Costuming	<input type="checkbox"/> Hair Dressing
<input type="checkbox"/> Theatre	<input type="checkbox"/> Gymnastics
<input type="checkbox"/> Acrobatics	<input type="checkbox"/> Puppets
<input type="checkbox"/> Clowning	<input type="checkbox"/> Make-Up
<input type="checkbox"/> Improvisation	<input type="checkbox"/> Prop Building
<input type="checkbox"/> Stage Combat	<input type="checkbox"/> Other
Are you interested in performing in the SCBA student showcase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	

Burlesque Academy Subject/Content Interest			
What aspects of this art-form are you most interested in learning about?			
Are you interested in additional classes or workshops on the following topics to supplement the core course content of the Salomé Cabaret Burlesque Academy? <i>(check all that apply and/or provide workshop suggestions or requests below)</i>			
<input type="checkbox"/> Boylesque	<input type="checkbox"/> Burlesque History	<input type="checkbox"/> Chair Dancing	<input type="checkbox"/> Costuming
<input type="checkbox"/> Feather Boas	<input type="checkbox"/> Feather Fans	<input type="checkbox"/> Hair/Wigs	<input type="checkbox"/> Music Theory
<input type="checkbox"/> Pastie Making	<input type="checkbox"/> Sewing Basics	<input type="checkbox"/> Stage Make-Up	<input type="checkbox"/> Other

