PGT Rising Stars Musical Theatre Summer Program Application 🔀				
Program Dates: August 4-15, 2025; Monday-Friday 9:30 am - 3:30 pm.				
Final Showcase at August 15th at 6:30pm				
(If you know you'll miss more than TWO days during the program, we recommend waiting until next summer.) Location: Port Gamble Theater, WA Ages: 8–17 Contact: education@portgambletheater.com				
□ I agree				
□ I agree, and need a clarification. (Please email the Rising Stars Team at education@portgambletheater.com) .				
 Participant Information Full Name:				
Parent/Guardian InformationName(s):				

♦ Schedule Conflicts

	•	Please list any conflicts with the dates of the program and/or final performance:
♦	Ex _l	Derience & Interests (If more space is needed, please attach a separate sheet). Has the student participated in theater before? Yes No
		If yes, briefly describe past experience:
	•	What is the student most excited to learn or do through the Rising Stars program?
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	•	Does the student have any current or future projects that the training offered during the Rising Stars program might enhance?
	•	If your student is invited to register and chooses to accept, they thereby agree to perform in the culminating concert performance. Please share two DREAM SONGS that your student has always dreamed of performing on stage in front of a live audience. Only ONE will be selected for the final performance. Please ensure your student understands and agrees to participate in any ensemble numbers assigned as we all collaborate to bring each student's vision to life in the final performance.
~	Wa	nitlist Option We anticipate strong interest in the program, but we only have 20 slots

available. If your child isn't accepted, it may be due to space or readiness. We appreciate

every applicant and encourage future participation!

•	In the event we can't offer a slot initially, would your student like to be added to the waitlist? \Box Yes \Box No