



## YOUTH WORKSHOP SERIES Youth Participant Application Form

Please submit application to: Mid-Ocean School of Media Arts  
1588 Erin Street, Winnipeg, MB R3E 2T1  
*Or Fax: (204) 775-9231*  
*Or Email: cfalgui@midoceanschool.ca*

**TO SUBMIT: All applicable fields must be completed.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: (dd/mm/yyyy) \_\_\_\_\_ I Identify My Gender As: \_\_\_\_\_

If under 18 years of age - Signature of parent or guardian: \_\_\_\_\_

Name of parent or guardian (Please Print): \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Telephone/Mobile: \_\_\_\_\_

If 18 years or older - Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

OFFICE USE

\_\_\_\_\_  
ID#

\_\_\_\_\_  
Receipt Date:

PLEASE INCLUDE WITH YOUR SUBMISSION:

- 1) A Reference Letter from a non-family member
- 2) A Concise response to each of the following questions

Workshop Applying For:

A Day in the Recording Studio

Sound for Picture

PLEASE RESPOND TO THE FOLLOWING QUESTIONS.

1 Do you have any experience in your area of interest? If yes, please detail.

---

---

---

2 Participant will work as a team. Please give an example of how you have collaborated in a team environment?

---

---

---

---

3 Why do you want to participate in this workshop? What do you hope to achieve?

---

---

---

4 What future career goals do you have at this time?

---

---

5 What achievement are you most proud of? Why?

---

---

---

Please check all that apply to your current situation:

Attending High School  Name of School: \_\_\_\_\_

Attending Post-Secondary  Name of School: \_\_\_\_\_

Working full-time  Working Part-time

**ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED**

You may not be notified if your application is incomplete.

PLEASE READ THE GUIDELINES APPLICABLE TO EACH WORKSHOP FOR DETAILS & DEADLINES

\*PLEASE INCLUDE ME ON YOUR MAILING LIST FOR FUTURE WORKSHOPS, NEWSLETTER AND OTHER EVENTS AND OPPORTUNITIES.

YES

NO

**Your personal information** is collected under the authority of MOSMA | Mid-Ocean School of Media Arts and will not be shared by our institution to any outside party. If you selected yes, this information will be used and disclosed only for purpose of determining your eligibility to participate in a workshop offered by MOSMA and distribution of future workshops, events and our e-newsletter.

**By signing above you agree:** MOSMA may take pictures during the workshop sessions which may be used for MOSMA website and social media purposes only. These photos will never be made available to any outside party without written consent of MOSMA and a applicable parent/guardian. MOSMA cannot be held responsible of illegal copyright of its image property.

APPLICATION MUST BE SUBMITTED BY THE DEADLINE STATED IN THE **WORKSHOP GUIDELINE**