

Theatre Ontario's
Youth Theatre Training Program (Y.T.T.P.)
*** APPLICATION ***

PRINT CLEARLY IN BLACK INK.

NAME of Company : _____

NAME of Project: _____

NAME of Project Coordinator: _____ phone #: _____

NAME of Head of Training: _____ phone #: _____

E-MAIL:

COMPANY MAILING ADDRESS:
[including postal code]

If your company is not a member of Theatre Ontario, please contact us to make arrangements to join.

Project Dates: _____

If there are Public Presentations, is admission charged? yes / no How much? _____

Dates of Public Presentations: _____

Total Number of Trainers to be funded: _____ Total Number of Training Hours: _____

TOTAL AMOUNT OF GRANT REQUESTED: \$ _____

THREE REFERENCES:

- 1. Someone who can recommend the importance of your project to the local community.
- 2. Someone who can recommend the ability of the Project Coordinator to administer it.
- 3. Someone who can recommend the quality of the training.

NOTE: If you are a first time applicant, you must also attach reference letters from your listed references.

| Name | Occupation | Phone Number | Number of Years of Acquaintance |
|----------|------------|--------------|---------------------------------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |

PROJECT COORDINATOR

If awarded a Youth Theatre Training Grant, I understand and agree to the following:

- I agree to assume responsibility for the project as outlined in this application and the proposed schedule of activities including the handling of project funds and administering the project in a manner that will uphold its aims and objectives.
- I will submit all requisitions and reports as needed on this project within the given timelines.
- I agree to assume responsibility for the acknowledgement of Theatre Ontario in all relevant programs and published material in the following manner:

“This project was made possible, in part, through Theatre Ontario’s Youth Theatre Training Program, funded by the Ontario Arts Council.”
- I understand that any changes to the training project or personnel must be submitted in writing and cleared by the Professional Theatre Coordinator.
- I understand that the training program is subject to review by the YTTP Committee. Should it be found unsatisfactory to such a degree that the value and purpose of the program are deemed negated, the Committee reserves the right to terminate the grant.
- The liability of Theatre Ontario is limited to the payment of the stipulated sum of money in Canadian dollars at such times and in such amounts as agreed. Save for such liability, there is and shall be no responsibility of any kind on Theatre Ontario or its employees.
- I certify that all information in this application is accurate.

Signature: _____ **Date:** _____

PLEASE PRINT NAME HERE: _____