

Date: _____

TEEN TALENT (Age 13-20)

NOTE: DEADLINE TO SUBMIT APPLICATION: MARCH 25, 2008 (EXTENDED)

You must submit your headshot/video reel and check for \$25 made out to DeafVision Filmworks, Inc. PO Box 1276, Cathedral Station, NY, NY 10025 along with your questionnaires by March 25 to be considered.

PERSONAL INFORMATION (Please fill out everything as much as you can, thanks.)

1. NAME: (Please print) _____
2. HOME ADDRESS: _____
3. EMAIL: _____
4. VOICE/TTY/VP: _____
5. AGE: _____ (Required) 5A. GRADE: _____

TALENT CATEGORY

6. Please tell what your talent will be: _____

GENERAL QUESTIONS

7. Why do you want to be a part of the MICA talent?
8. What does celebrating diversity means to you?
9. Please check: Deaf ___ Hard-of-Hearing___ Hearing _____
10. Tell us about yourself. Who are you? What do you want to be when you grow up?
- 11 Who do you look up to? And why?
12. Can you take direction? Yes: _____ No: _____

13. If you do not get selected, will you still volunteer?

14. Do you believe in supporting charity? If so, why? If not, why not?

15. **IMPORTANT INFORMATION:** All talents are REQUIRED to show up on the day June 22, 2008 of the event at 9AM for tech rehearsal. (Specific date will be determined soon)

16. Will you be available on the day of the event? 9 AM? Yes: _____ No: _____

17. **RACE/ETHNIC**

A) Hispanic or Latino _____

B) Asian _____

C) Black/African-American /Caribbean _____

D) Pacific Islander _____

E) White (Caucasian) _____

F) Native American/ Alaska Native _____

G) Other (What nationality?) _____

Thank you for taking the time to fill out the form. Please mail the form with your fee. Bring a copy of the form when you are called in for audition.

Talent Signature required: _____

Please print name: _____

Parent/Legal Guardian Signature: _____

Note: Parents must attach a note giving permission for their child to participate. Teens age 13-17, should be accompanied by a guardian, a chaperone or a parent at the audition.