FROM VISION TO ACTION

YOUR PIX

MAY 2017
NO :

YOUR NAME :	
NAME OF SCHOOL / COLLEGE :	
RESDENTIAL ADDRESSES:	
AGE:	
DATE OF BIRTH	
MOBILE NO :	
EMAIL ADD :	

LET US KNOW MORE ABOUT YOURSELF

HAVE YOUR EVER ATTENDED ANY OTHER THEATRE / ACTING WORKSHOPS (IF YES GIVE DETAILS)

NAME YOUR BEST LIKED PERFORMANCES OF YOURSELF

YOUR HOBBIES		

ANYTHING YOU WOULD LIKE TO SHARE WITH US ABOUT YOURSELF

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