

## **SAMPLE 2023-24 REGISTRATION APPLICATION FORM**

Section A Part 1: Applicant Information The following information should be for the Teacher/Director.		
First Name	Elizabeth	
Last Name	Lenhart	
Pronouns	She/her	
Cell Phone Number	(123) 456-7890	
Email Address	elenhart@artsbridgega.org	
School Name	Jam Academy	
School Phone Number & Extension	(123) 456-7890	
School Address	2800 Cobb Galleria Pkwy Atlanta, GA 30339	
School County	Cobb	
School District	Cobb County School District	
School Type	Public (Title I)	
Theatre Department Website or Page	https://www.artsbridgega.org	
Theatre Department Social Media	@artsbridgega	
Please check all of the events your students will participate in this year.	One-Act Play Competition Thespian Conference GHSA Literary Competition Other	
Is this your first time participating in the Georgia High School Musical Theatre Awards?	Yes	

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Section A Part 1: Acknowledgements	
I acknowledge that payment of the required participation fee of \$200 is due by Friday, September 8, 2023 at 5:00pm.*	
Payments can be made either by check or credit card.	
If paying by check, payment must be received at the address listed below by the due date.	Yes, I acknowledge the above.
Please mail checks to:	
ArtsBridge Foundation	
2800 Cobb Galleria Parkway	
Atlanta, GA 30339	
I will participate in the mandatory 2023-24 GHSMTA Participating Directors Town Hall on Thursday, September 7, 2023 at 5:00pm The link can be found here:	Yes, I acknowledge the above.
2023-24 GHSMTA Participating Directors Town Hall	
I understand that as a participating school, I am required to complete Part 2 of Section A in order to gain access to the calendar for Adjudication date selection.  Section A Part 2 will open immediately upon confirmation of being a participating school.	Yes, I acknowledge the above.