



ALBERTA THEATRE PROJECTS

# Job Shadowing Contract

An ATP LEGACY Program

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Are you wanting to Job Shadow to fulfill a class requirement? (yes or no) \_\_\_\_\_

If you answered yes to the above, please provide your instructors contact information:

Instructor Name: \_\_\_\_\_

Instructor Phone Number: \_\_\_\_\_

Availability: \_\_\_\_\_

Expectations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Areas of Interest (in order of priority): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

I have read and reviewed the schedule and expectations. IF UNDER 18: I have permission from my parent/guardian to participate in Alberta Theatre Projects Job Shadowing have also verified that that the program set up by ATP is acceptable with my teacher/instructor.

Student Signature

LEGACY Signature

\_\_\_\_\_

\_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

When completed, please send this form to Anna Lake, *LEGACY Coordinator*  
email: [alake@ATPlive.com](mailto:alake@ATPlive.com), fax: 403-294-7493, 220-9 Avenue SE, Calgary, AB T2G 5C4

