



**The Sunshine Cultural Arts Center**  
Growing East St. Louis through the Arts

## Catalyst Spoken Word Performance Program REGISTRATION FORM

Today's Date:					
<b>APPLICANT INFORMATION</b>					
Last Name:		First:		Middle:	
Is this your legal name? <input type="radio"/> Yes <input type="radio"/> No	If not, what is your legal name?		Birth date:	Age:	
Address: [Address/ P.O Box, City, ST ZIP Code]					
Home phone no.:			Cell phone no.:		
School:		Emergency Contact:			
Grade:		Phone:			
<b>Applicant Questionnaire</b>					
1. What is your history with performance? (Any kind).					
2. What is the last thing you read?					
3. Who is your favorite musician?					
4. Have you taken a writing course in school?					
5. Have you taken a theatre course in school?					
6. Would you consider yourself a team-player?					

7. Tell of a time when you did not get along with someone and what you did to change the situation.
  
8. What do you believe are your greatest weaknesses?
  
9. Do you usually keep your commitments?
  
10. Are you able to meet weekly?
  
11. What barriers might hinder you from attending 100%?
  
12. What strengths do you feel you can contribute to *Catalyst*?
  
13. Why do you want to join *Catalyst*?
  
14. What do you think are the three greatest challenges your community (friends, family, neighborhood, city, etc) faces?

The above information is true to the best of my knowledge.

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Applicant Signature

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Date