



# The Michael Langham Workshop for Classical Direction

## APPLICATION FOR THE 2020 SEASON

NAME: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_  
Street Name and Number

\_\_\_\_\_

City

Province

Postal Code

CITY OF CURRENT RESIDENCE (if different from above): \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SKYPE HANDLE (for interviews): \_\_\_\_\_

**OPTIONAL QUESTION: WITH WHAT CULTURAL OR ETHNIC GROUP(S) DO YOU IDENTIFY, IF ANY?**

\_\_\_\_\_

PLEASE ENCLOSE THE FOLLOWING:

- Letter outlining why you wish to participate in the Michael Langham Workshop at this point in your career
- Résumé
- Letter of recommendation
- Recent photo (can be candid; professional headshot not required)

PLEASE SUBMIT YOUR APPLICATION PACKAGE TO:

**Email:** langham@stratfordfestival.ca

**Mail:** Bonnie Green

Associate Producer

Stratford Festival

55 Queen Street, P.O. Box 520

Stratford, ON N5A 6V2

**Applications must be emailed or postmarked no later than August 6, 2019.**