

ATLANTIC ACTING SCHOOL

SUMMER TEEN ENSEMBLE APPLICATION FORM (page 1 of 2)

For Office Use Only		
_____ LAST NAME _____ FIRST NAME	Application Date _____ Status _____ Notes _____	Deposit Rec'd _____ 1 st _____ 2 nd _____ ALL PAYMENTS REC'D <input type="checkbox"/>
To be filled out by Applicant		
Date: _____		
Name: _____		Date of Birth: ____/____/____
Parent/Guardian: _____		
Mailing Address: _____ <small>Number and Street</small> _____ <small>City State Zip Code</small>		Sex: <input type="checkbox"/> F <input type="checkbox"/> M _____ <small>Country</small>
Telephone Number: _____ <small>Home</small> _____ <small>Mobile</small>		_____ <small>FAX</small> _____ <small>Other</small>
E-Mail Address: _____		
Application Fee (\$40): Non-Refundable <input type="checkbox"/> Cash (please do not send cash in the mail) <input type="checkbox"/> Check enclosed made payable to Atlantic Acting School		
<input type="checkbox"/> Credit Card Name on Card: _____		Security Code: _____
Card Number: _____		Exp.: _____
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express		
Card Holder's Signature: _____		
Billing Address: _____ <small>Number and Street</small> _____ <small>City State Zip Code Country</small>		

ATLANTIC ACTING SCHOOL

SUMMER TEEN ENSEMBLE

APPLICATION FORM (page 2 of 2)

To be submitted along with Application Form

- \$40 non-refundable Application fee
- 1 Letter of Recommendation
(from an academic or theater program/teacher)
- Recent Photo or Headshot
- Resume / CV (optional)
- Monologue -1 minute contemporary (DVD/VHS format)
Tape should include an introduction by applicant as well as the title, character and author of material
(In person auditions may be arranged as well)
- Essay - 500 words typed on 1 of the following topics:
 - a) Choose a character in fiction, a figure of historical importance, or a piece of creative work that has had profound influence on you and explain that influence.
 - b) Explain your desire to attend a Summer Theater program and how the training received will fit into your expected career path.
 - c) Make up a question, state it clearly, and answer it.

Send application and materials to:
Atlantic Acting School, Admissions Department
Attn: Summer Teen Ensemble
76 Ninth Avenue, Suite 537
New York, NY 10011

For additional information contact Heather Baird at 646-216-1171 or hbaird@atlantictheater.org

To be filled out by Applicant

EDUCATIONAL BACKGROUND

Current Grade as of January 2010: _____ Age as of **June 2010**: _____

Current Academic School: _____

Address: _____

Theater Programs: _____
Name Address

Name Address

Mark any classes that you have previously studied:

- Scene Study Speech Voice Theater Games Improv
- On-camera Dance Shakespeare Playwriting Singing

Related Performing Experience (optional): _____