



**APPLICATION FOR DEAF WEST THEATRE  
ACTOR TRAINING PROGRAM  
APRIL 23 – JUNE 25, 2009**

**Personal Information**

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_M \_\_\_F  
Current Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ VP \_\_\_\_\_ Voice  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
SSN: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_  
\_\_\_\_\_ Deaf \_\_\_\_\_ Hard-of-Hearing

**Mailing Address (if different from above):**

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mode of Communication:**

\_\_\_\_\_ ASL \_\_\_\_\_ PSE \_\_\_\_\_ SEE \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Support Services Needed (if any):**

\_\_\_\_\_ Mobility Aids \_\_\_\_\_ Visual Aids \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ VP \_\_\_\_\_ Voice  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Education: List any schools and colleges attended and any degrees received:**

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**Please enclose a photo and the most current resume of your acting training and experience.**

**Recommendations: Submit two professional references from those who are familiar with your theatrical work.**

**Name/Phone/Email**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Extra Materials for Submission:**

**DVD or online video (example - <http://www.cazt.com>): Maximum 5 minutes. State your name, what 2 pieces you will be performing. Contrasting pieces recommended.**

**If using online source to upload your video submission, include website and login information: \_\_\_\_\_**

**A non-refundable application fee of \$25, payable to Deaf West Theatre, must be enclosed with your application. Checks, money orders or cashier's checks accepted. DO NOT SEND CASH. All actors must be at least 18 years of age upon start of Actor Training Program.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Checklist for Application (included with form):**

- \$25 Application Fee**
- Acting Resume**
- Photo (Headshots preferred)**
- DVD or online submission**

**Send completed application, postmarked by April 3, 2009, to:**

**Deaf West Theatre  
ATTN: Actor Training Program  
5112 Lankershim Blvd.  
North Hollywood, CA 91601**

**Questions? Email [info@deafwest.org](mailto:info@deafwest.org) or fax (818) 762-2981**

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**Office Use Only:**

**Fee:** \_\_\_\_\_ **Recs:** \_\_\_\_\_ **Resume:** \_\_\_\_\_ **Photo:** \_\_\_\_\_ **Video:** \_\_\_\_\_

**Letter Sent:** \_\_\_\_\_

**Status:** \_\_\_\_\_