



# South Coast Repertory

Orange County's Tony Award-winning Theatre

# ACTING INTENSIVE PROGRAM APPLICATION

Please complete the following application form, enclose a resume, headshot and \$25 application fee. You will be contacted to schedule an audition and interview upon receipt of your application.

Mail to:  
South Coast Repertory  
Acting Intensive Program  
P.O. Box 2197  
Costa Mesa, CA. 92628

For Questions Contact:  
Nick Slimmer  
Conservatory and Educational Programs Associate  
(714) 708-5549 • nick@scr.org

\_\_\_\_\_  
Last Name First Name MI Sex

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Day Phone Night Phone E-MAIL ADDRESS

BEST WAY TO CONTACT: Phone: a.m. p.m. E-mail:

\_\_\_\_\_  
Date of Birth Age Weight Height

\_\_\_\_\_  
School presently attending (if any) Degree or class level

PERSON TO CONTACT IN CASE OF EMERGENCY

\_\_\_\_\_  
Name (Please Print) Phone

\_\_\_\_\_  
Address City State Zip

How did you find out about the SCR's Acting Intensive Program?

Returning Student  Flyer  Instructor  Friend  Backstage West ad

Newspaper / Magazine Article  Online ad  scr.org  scr email

other: \_\_\_\_\_

If scr.org, how did you find our website? \_\_\_\_\_

## PRODUCTION HISTORY:

Include only acting assignments in college, high school, professional and community theatres.

PLAY	ROLE	PRODUCER	YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## REFERENCES:

Include 3 people whom we may contact to discuss your background and ability. Include instructors, former directors and other familiar with your work.

NAME	POSITION/TITLE	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

## PERSONAL STATEMENT:

Please print or type a brief summary of your reasons for seeking admission to the Acting Intensive Program. You may include a separate sheet if needed.

I hereby apply for admission to the South Coast Repertory Acting Intensive Program and certify that the above information is accurate and complete.

\_\_\_\_\_  
Applicants Signature Date

Please add your credit card information on the following page.

Check enclosed made payable to South Coast Repertory Acting Intensive Program



Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_

\*Authorized Signature \_\_\_\_\_

\*Required if form is faxed or mailed.

-----

**Mail to:**

South Coast Repertory  
Acting Intensive Program  
P.O. Box 2197  
Costa Mesa, CA. 92628