

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:  
Janis Morrissette  
Conservatory and Educational Programs Associate  
(714) 708-5549 • janis@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.

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