

PROFESSIONAL ACTING PROGRAM

FOR FILM, TELEVISION, AND STAGE

PROMENADE ACTING CONSERVATORY, 1404 3rd St Promenade Santa Monica CA 90401

Tel: (310) 656.8070

Fax:(310) 656.8069

APPLICATION

I. Personal Information

Date (Month/Day/Year): _____/_____/_____

First Name _____ Last Name _____

Address _____

City _____

State/Country _____ Zip Code _____

Telephone: Home _____ Other _____

Fax _____

E-Mail _____

Date of Birth (Month/Day/Year) _____

Country of Birth _____ Country of Citizenship _____

Gender: Male ___ Female ___ Height _____ Weight _____

II. Emergency Information *(in case of emergency, notify)*

First Name _____ Last Name _____

Address _____

City _____

State/Country _____ Zip Code _____

Telephone: Home _____ Other _____

E-Mail _____

Relation to Applicant _____

III. Program:

Professional Program (2 years + 1 year theatrical) _____ or 13Week program _____

September ___ January (Winter) ___ April (Spring) ___ July (Summer) ___ Year _____

How did you learn of the program _____

Do you have prior training/experience: Yes _____ No _____

If Yes, please explain _____

Your Signature _____

To apply simply: mail / fax your application to us or call 310-656-8070 for an appointment.