



ACTING APPRENTICE 2019 AUDITION FORM

Name _____ Age _____

School _____

Major _____

Cell Phone _____

Email _____

Street Address _____

City _____

State _____

Zip Code _____

- 1) Please list one (1) professional reference and one (1) personal reference. Please include email addresses and phone numbers for each.

- 2) Do you have local housing in Bucks County and/or the surrounding area?

- 3) If selected for an apprenticeship, would you be able to provide NYC housing for yourself from June 10th – June 23rd?

- 4) Please list any conflicts you have between June 8th and August 3rd.

- 5) How did you hear about our program?