



The LEE STRASBERG
THEATRE & FILM INSTITUTE

Workshop Application

*Please print using blue or black ink.

First Name: _____ Last Name: _____

Street Address: _____ Apartment/Unit #: _____

City: _____ State/Province: _____ Zip: _____

Country _____ E-mail _____

Home Phone: () _____ Cell Phone: () _____

Date of Birth: Month _____ Day _____ Year _____ Gender: Male Female

Are you a citizen of the United States? YES NO

If no, please explain: _____

(if applicable) Country of Birth: _____ Country of Citizenship: _____

I confirm that I can speak, write and read English with proficiency. (Check one) YES NO

Do you have any performance training/experience? YES NO

If yes, please explain, or attach separately: _____

Tuition: \$750

Method of Payments: Visa MC Discover Money Order Check

(Subject to cancellation a full refund will be issued)

Please email your entry form to carrie@strasberg.com with "Workshop" in the subject line or fax to 323-650-7770.

APPLICATION REQUIREMENTS

Along with this application you must include the following items. Your application will not be reviewed until all of these items are received.

- **One Headshot/Photo** of yourself for identification purposes only
- **A Resume** of any prior training and/or experience (experience not mandatory).

ALL MATERIALS SUBMITTED IN SUPPORT OF APPLICATION WILL NOT BE RETURNED UNDER ANY CIRCUMSTANCES.

I certify that to the best of my knowledge that the foregoing information I have provided on this application is accurate and correct.

Print Name: _____

Signature: _____ Date: _____