

Registration Form for Admission to: Two Week Summer Programs

IMPORTANT: Return this application to the School you wish to attend along with the registration fee and tuition payment. (Full payment is required to secure a place) **No audition is required**

AADA New York
120 Madison Avenue
New York, NY 10016

AADA Los Angeles
1336 North La Brea Avenue
Hollywood, CA 90028

Choose Program:

(Applicants must be at least 16 years of age by the first day of class)

Enrollment is limited and will be assigned on a first-come, first-served basis

Two Week Intensives Los Angeles:

- Musical Theatre (June 28- July 10) \$1,500
- Camera Acting (July 12- July 23) \$1,500
- Camera Acting (July 26- Aug. 6) \$1,500

- One Person Show (June 28 - July 9) \$750
- Advanced Camera Acting (July 12 - July 23) \$1,500
- Advanced Camera Acting (July 26 - Aug. 6) \$1,500

Two Week Intensives New York:

- Shakespeare (July 19 – July 30) \$1,500
- Camera Acting (June 14 – June 25) \$1,500
- Camera Acting (July 19 – July 30) \$1,500

- Screenwriting for the Actor (July 19 – July 30) \$1,200
- Digital Film Making for the Actor (June 28 – July 9) \$1,500
- Musical Theatre (June 14 – June 25) \$1,500
- Musical Theatre (July 19 – July 30) \$1,500

Name _____
Last First Middle

Current Mailing Address _____
Number and Street

Apt # _____
City or Town State Zip Code Country

E-Mail _____ Current Address Valid Until ____/____/____

Permanent Home Address _____
Number and Street

City or Town State Zip Code Country

Telephone _____
Day Cell Other

Current Occupation _____ Employer _____

Date of Birth ____/____/____
Month Day Year

Please check how you first heard about the AADA and give name or location:

- | | |
|---|--|
| <input type="checkbox"/> Internet _____ | <input type="checkbox"/> Newspaper _____ |
| <input type="checkbox"/> Teacher _____ | <input type="checkbox"/> Poster _____ |
| <input type="checkbox"/> Friend _____ | <input type="checkbox"/> College Fair _____ |
| <input type="checkbox"/> AADA Student/Alum _____ | <input type="checkbox"/> Thespian Festival _____ |
| <input type="checkbox"/> High School Presentation _____ | <input type="checkbox"/> Other _____ |

Personal Data:

Privacy Act Statement: Information used in this section is requested solely for the purpose of required state and federal reports. Disclosure is voluntary.

Check one: Male Female

Please check one of the following that best describes your ethnic background:

- | | | | |
|--|-----------------------------------|---|--|
| <input type="checkbox"/> Asian or Pacific | <input type="checkbox"/> Hispanic | <input type="checkbox"/> African American | <input type="checkbox"/> Multi-Ethnic Background |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White | <input type="checkbox"/> Other | |

Application for Admission to Six Week Summer Programs

IMPORTANT: Return this application to the School you wish to attend.

AADA New York
120 Madison Avenue
New York, NY 10016

AADA Los Angeles
1336 North La Brea Avenue
Hollywood, CA 90028

Applicants must be at least 16 years of age. Classes are sectioned according to age and experience.

Six Week Conservatory: *(Choose one campus only)*

Six Week Conservatory Intensive - Los Angeles
LA: (July 6 – August 13) \$2,100.00

Six Week Conservatory Intensive - New York
NY: (June 29 – August 6) \$2,100

Name _____
Last First Middle

Current Mailing Address _____
Number and Street

Apt # _____
City or Town State Zip Code Country

E-Mail _____ Current Address Valid Until ____/____/____

Permanent Home Address _____
Number and Street

City or Town State Zip Code Country

Telephone _____
Day Cell Other

Current Occupation _____ Employer _____

Date of Birth _____

Will you need Student Housing? * For Informational Purposes Only _____ Yes _____ No

(please be advised that students must be at least 17 for student housing)

Please check how you first heard about the AADA and give name or location:

- | | |
|---|--|
| <input type="checkbox"/> Internet _____ | <input type="checkbox"/> Newspaper _____ |
| <input type="checkbox"/> Teacher _____ | <input type="checkbox"/> Poster _____ |
| <input type="checkbox"/> Friend _____ | <input type="checkbox"/> College Fair _____ |
| <input type="checkbox"/> AADA Student/Alum _____ | <input type="checkbox"/> Thespian Festival _____ |
| <input type="checkbox"/> High School Presentation _____ | <input type="checkbox"/> Other _____ |

Personal Data:

Privacy Act Statement: Information used in this section is requested solely for the purpose of required state and federal reports. Disclosure is voluntary.

Check one: Male Female

Check one: US Citizen Permanent Resident International Student

Please check one of the following that best describes your ethnic background:

- | | | | |
|--|-----------------------------------|---|--|
| <input type="checkbox"/> Asian or Pacific | <input type="checkbox"/> Hispanic | <input type="checkbox"/> African American | <input type="checkbox"/> Multi-Ethnic Background |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White | <input type="checkbox"/> Other | |

Educational Background: List Academic Institutions Attended

Name of High School _____ City _____ State _____

Diploma or High School Equivalency Yes No

Name of College _____ City _____ State _____

Dates Attended _____ Major _____ Degree/Credits Earned _____

Name of College _____ City _____ State _____

Dates Attended _____ Major _____ Degree/Credits Earned _____

