

THE WOMEN IN THE DIRECTOR'S CHAIR WORKSHOP – ACTOR APPLICATION FORM

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|-------------------------------|--|--|------------------------------------|----------------------------------|
| Next Session | Story & Leadership (Online) | WORKSHOP DATES*: if you are cast in the ensemble you must commit to be available for all dates. Dates may be subject to change. | Start date: * November 25, 2024 | End date: * November 29, 2024 |
| NAME: | | | | |
| ADDRESS: | | | | |
| CITY: | | PR: | | POSTAL: |
| TELEPHONE: | | MOBILE: | | |
| E-MAIL: | | SOCIAL INS. #: | | |
| AGENT: | (Name & email if applicable) | DATE OF BIRTH: | | |
| EMERGENCY CONTACT: | | GENDER PRONOUNS: | | |
| TELEPHONE: | | | | |
| I learned about this program: | | | | |
| INITIAL: | I consent to have the information I provide herein used for admission, registration, issuing income and billing receipts, scholarships, awards related to the program and for sending educational information. | | | |
| INITIAL: | If selected for the program, I consent to have my telephone and email address listed on the Workshop Contact List that will be shared with other participants. | | | |
| SIGNATURE: | | | | |

Make sure your application is complete. Check that you have included:

| | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | <u>I have applied in the last two years</u> If you have submitted within the last two years all that is required is that you send an email to confirm that we have your most current information on file. You do not need to resubmit all your support materials unless there are updates you would like to share. | | |
| <input type="checkbox"/> | <u>Contact information</u> (See above) Include your full name that you use for banking, address, telephone, email. Your SIN and DOB are required upon acceptance into the program. | <input type="checkbox"/> | <u>Cover Letter</u> (optional) State briefly your reasons for applying and why you feel you should be selected. A paragraph, up to a 1-page maximum., 8 ½ x 11 |
| <input type="checkbox"/> | <u>Resume/Photo/Bio</u> Standard actor's Photo and Resume. Include 200-word Bio in text or WORD format (samples available). | <input type="checkbox"/> | <u>Link to a Sample of Your Work</u> Maximum 5 minutes. Tips for creating your demo: https://www.widc.ca/tips_for_demos/ |

TO SUBMIT:

Email: actors@widc.ca
Contact: Carol Whiteman, WIDC Producer

FOR MORE INFORMATION:

Web: www.widc.ca
Toll free: 1.877.913.0747
Mobile 1.778.809.0747

PER DIEM:

\$100 per workshop day is offered to each actor in the ensemble.

APPLICATIONS ACCEPTED ANY TIME /
NEXT DEADLINE: September 15, 2024

Sponsored in part by ACTRA National, UBCP/ACTRA and AFBS