

2020 14-Week Program Application Form

l.	Applicant's Information
	Name:
	Address:
	Daytime phone:
	Email:
II.	Nominator's Information
	Name:
	Address:
	Daytime phone:
	Cell phone:
	Email:

Return the completed Application Form (4 pages) along with Applicant's Resume either (1) by email to Commercial.Theater.Institute.Info@GMail.com or (2) by mail to CTI, 254 W. 54th Street, 10th FI. New York, NY 10019.

DEADLINE: ALL FORMS MUST BE RECEIVED NO LATER THAN WEDNESDAY, DECEMBER 11^{TH} , 2019 BY 2:00PM

Producing for the Commercial Theater 2020 14-Week Program Application Form

All applications must be typed.

1. What is your current job? (400 character limit):							
Have you ever optioned a play or musical? () Yes							
If yes, cite example(s) (400 character limit):							
3. Have you ever invested in a play or musical? () Yes () No							
4. Have you ever raised money for a commercial production, film or start up? () Yes () No							
If yes give brief details (type of production, approximate amount raised, etc.) (400 character limit)							
5. Have you ever raised money for a not-for-profit organization?() Yes () No							
If yes, give details (charity, role, amount raised, etc.) (400 character limit):							

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6.	Give a brief description of your background and your interest in commercial producing. (700 character limit)
7.	Briefly describe why you believe participation in the 14-Week Program is important to your professional growth at this particular time in your career (700 character limit)
8.	If selected to participate, can you commit to attendance at each 14-Week Monday night session? () Yes () No
	If not, explain (400 character limit):

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9. Have you ever atte ()Yes		I 3-day Program? If yes, what year? _	
10.Have you ever atte ()Yes		l O'Neill Program? If yes, what year? _	
11.Have you ever atte Please list the sem		day, Full-day and/or F and year(s) below. (5	
12.Are you a member ()Broadway L			
() TDF			
		n (AEA) or other theat	trical union
13. In addition to your to your professions			who can best speak
Name:			
Title:			
Telephone:			
Email:			
PLEASE ENG	CLOSE YOU	R RESUME WITH TH	IS FORM
Applicant's Signature			Date