



workshops and residencies

Contact Information

Organization: _____

Contact Name: _____

Phone: _____ Fax: _____ Email: _____

Organization Address: _____

What is the best way to communicate with you? (i.e., home phone, email): _____

Program Choice

Please be advised that adjustments to dates and times may be necessary.

One-Time Workshop (90 minutes; workshop descriptions can be found in the Workshops & Residencies brochure; one workshop per application, please):

Workshop Name: _____

Workshop Date: _____ Workshop Time: _____

Residency (combination of two or more workshop sessions; residencies can explore multiple topics or can focus on a single topic, advancing in subsequent sessions):

Workshop Focus: Ex. Actor’s Tool Box, Playwriting, Monologues, Tableau, Ensemble, Creating Original Works etc.

Start and End Dates: _____ Total number of visits: _____

Number of visits per week: _____ Days (Mon-Fri): _____

Participant Information

Number of Participants: _____



Addressing the following questions will help Arena Stage plan the best possible lesson for your group. *Please use the back of this sheet or attach additional sheets with your answers if you require more space.*

1. Describe the nature of the group: grade levels, age ranges, cultural & ethnic diversity, socioeconomic patterns and special needs of any students/persons if any (remedial, gifted, ESL, learning disabilities, Title I, etc.).

2. If members of your group have any special needs that would require adaptations or modifications in our standard programming, please describe them.

3. Describe your goals for this workshop (addressing specific themes/topics, connecting to curricula, standards, etc.).

4. Describe the space in which activities will occur (room size, carpeting vs. tile/wood floor, classroom setting, cafeteria, desks/tables/chairs in room, etc.).

Please include any additional information you would like us to consider on a separate sheet and attach it to this application.



arena stage community engagement

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Payment, Mailing Information and Signature

Arena Stage will use the following information in its billing. Payment is due to Arena Stage upon receipt of invoice.

Organization: _____

Contact Name: _____

Phone: _____ **Fax:** _____ **Email:** _____

Organization Address: _____

Workshop and Residency Fees: \$300 per workshop

**An additional travel fee of \$75 per visit will be charged for workshops outside of the District of Columbia.*

One-Time Workshop (90 min): = \$ **300.00**

*Travel fee (outside D.C. only) = \$ 75.00

Residency (two or more workshops):

Number of workshops: _____ = \$ _____

*Travel fee per visit (outside D.C. only) = \$ 75.00/visit

TOTAL PROGRAM COST = \$ _____

Your signature below indicates you understand and agree to all program fees and guidelines. If you have any questions about payment, contact Khaleshia Thorpe, Partnership Coordinator, at (202) 234-5782 or email kthorpe@arenastage.org.

Signature

Date

Mail to: Khaleshia Thorpe
Arena Stage-Community Engagement
1101 6th Street SW
Washington, DC 20024

FAX: Attn: Khaleshia Thorpe
202-797-1043