

THEATRICAL RESUME

HB STUDIO, 120 Bank Street, New York, NY 10014 212-675-2370 fax 675-2387

(Please print when using this form) Your Name: _____

THEATRICAL TRAINING & EDUCATION				
ACTING (CLASS TITLE/TEACHER)	INSTITUTION	DATES		
			To	
			To	
			To	
VOICE - - Speaking / Singing (Class / Title / Teacher)	INSTITUTION	DATES		
			To	
			To	
			To	
MOVEMENT (CLASS / TITLE / TEACHER)	INSTITUTION	DATES		
			To	
			To	
			To	
THEATRICAL EXPERIENCE (PLAY TITLE)	Character Played	Dates		
OTHER PERFORMING EXPERIENCE				

SIGNATURE OF APPLICANT _____ DATE _____