*Wtown Art Center - SCOT Summer Season 2017*

Suzuki Method of Actor Training 2017

Application Form

**Wtown Art Center**

Simatai Village, Gubeikou Town, Miyun County, Beijing, 101508 China

**Suzuki Company of Toga**

TOKYO: 2-15-24-201 Takanawa, Minato-ku, TOKYO 108-0074 JAPAN

Phone: 03-3445-8013 Facsimile: 03-3445-8012

TOGA: Kamimomose, Toga-mura, Nanto-shi, TOYAMA 939-2513 JAPAN

Phone: 0763-68-2356

**Culture Wuzhen Co., Ltd.**

No. 18, South Shifo Road, Wuzhen Town, Tongxiang City, Zhejiang, China. 314501

Phone:+86 (0)573-88732588

The Suzuki Company of Toga (SCOT), as part of its international arts programming, will host the “Suzuki Method of Actor Training” as follows:

The program is held as part of the SCOT Summer Season 2017 in WTown Beijing, where the company has been based since 1976. The program teaches the basic physicality and ideas of the Suzuki Method of Actor Training, conceived by Tadashi Suzuki and SCOT. The program also includes observation of SCOT training and rehearsals, theatre lectures, and a chance to see performances from the SCOT Summer Season 2016. Participants will experience Toga’s unique environment for creating theatre during their stay.

The program is designed for theatre artists recommended by selected arts institutions and cultural foundations from around the world.

Training will be conducted by SCOT members, under the direction of Tadashi Suzuki. The main languages used are English and Japanese.

|  |  |  |
| --- | --- | --- |
| Date | Course | Teacher |
| 4/8(Sat)-4/19(Wed) | 10:00-12:15　Physical Training (15 mins break)15:00-17:15　Rehearsal conducted by Tadashi Suzuki19:00-21:00　Free training & Rehearsal (Rehearsal Room is Open) | Tadashi Suzuki & Assistants |
| 4/16(Sun) | Break |  |
| 4/20(Thurs) | 10:00-12:00　Q&A and Lecture15:00-17:15　Rehearsal conducted by Tadashi Suzuki19:00-21:00　Free training & Rehearsal (Rehearsal Room is Open) | Tadashi Suzuki & Assistants |
| 4/21(Fri) | 10:00-12:00　Q&A and Lecture13:00　Dinner Party (All Members)15:00　End of the Training Program | Tadashi Suzuki & Assistants |

Dates for the 2017 program are:

*Note: The course is tentative, and there will be some adjustments depending on the training condition.*

*The application package should include the following required materials:*

* Personal information (including physical condition and personal interests)
* Resume (please include where and from whom you have learned theatre, and a list of shows you have performed in the past, along with the names of directors and venues.)
* 2 photographs (1 close-up, 1 full body—preferably on stage or in class)
* Past experience in Suzuki Method of Actor Training (Please fill out the required information listed on page 5.)
* Personal Statement of Interest
* Letter of Recommendation
* A short video clip of your work. (Please send us a URL so we can view the recording online.)

\*Make sure to write your name on the upper right hand corner of each page.

\*It is desirable for participants to have a basic knowledge of English or Japanese.

*Deadline:*

All application materials should be sent in by e-mail or post by **March 20, 2017**.

Acceptance letters will be e-mailed by the end of March.

*Program Fee* *(Including accommodation and food):* 5,600 CNY

Payment must be made by wire transfer. Accepted participants will receive the necessary information for the procedure, along with their acceptance letters.

*All application documents should be compiled and forwarded to:*

Culture Wuzhen Co., Ltd.

No.18 South Shifo Road, Wuzhen Town, Tongxiang City, Zhejiang, 314501, China.

Tel: (0)573-88732588

E-mail: training@wuzhenfestival.com

PERSONAL INFORMATION

Last name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.\_\_\_\_\_\_\_

Street address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip/Postal code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company/Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone number (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone number (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: □ Male □ Female

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/19\_\_\_\_ Country of citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *month day year*

PHYSICAL CONDITION

Have you had any injuries or illnesses in the past or present? Are you currently under medical treatment? If yes, explain.

PERSONAL INTERESTS *(optional)*

Tell us your interests outside of theatre, such as work, leadership experience, community service, athletics, clubs, organizations, hobbies, etc.

RESUME

On a separate sheet, please list your career in theatre, including where and from whom you have learned theatre, as well as a list of shows you have performed in, along with the names of directors and venues.

PHOTOGRAPHS

Please attach 2 photographs of yourself. Make sure to write your name on the back of the photographs.

-1 close-up

-1 full body, preferably taken while on stage or in class

VIDEO CLIP URL

Please write down the URL of a video recording that shows clippings of your past performances.

PAST EXPERIENCE IN SUZUKI METHOD OF ACTOR TRAINING Name:

Have you learnt/taken a workshop of the Suzuki Method of Actor Training in the past? □ Yes □ No

If “Yes”, please fill out the following form. If “No”, please proceed to Personal Statement of Interest, and explain how you learned about the Suzuki Method of Actor Training, and why you decided to apply for this program.

|  |  |  |  |
| --- | --- | --- | --- |
| Year you took class | Dates (Number of days and hours) | Name of Instructor | Name of organizer/program |
|  |  |  |  |

PERSONAL STATEMENT OF INTEREST Name:

Please explain your reason for taking this course in approximately 500 words.

LETTER OF RECOMMENDATION Name:

The following information is to be completed by the recommender.

Last name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: □ Male □ Female

Street address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip/Postal code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I recommend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in Suzuki Method of Actor Training Program.

Please write your reason for recommendation of the applicant named above. We would greatly appreciate your appraisal of the applicant on the basis of his or her past performance in a professional and/or academic setting, your perception of his or her talent, experience, potential for a career in theatre, commitment to his or her craft, and how the applicant can benefit from this training program. Any other relevant information you care to include is welcome. If you prefer to write a personal letter rather than use this form, please feel free to do so, and attach this form to your letter.

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_