

PLEASE COMPLETE ONE FORM PER RESIDENCY REQUEST.
RESIDENCES ARE SUBJECT TO AVAILABILITY.

ARIZONA THEATRE COMPANY
THE STATE THEATRE

ARTIST-IN-RESIDENCE REQUEST FORM

CONTACT PERSON: _____

SCHOOL: _____

SCHOOL ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Preferred Dates (Please provide possible weeks that work): _____

Time of day for Residency: _____

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Please select one of the following extended ARTIST-IN-RESIDENCE sessions:

- Two-Day *Great Gatsby* Residency
- Week-long Shakespeare Residency
- Week-long Target Acting Residency
- Week-long Musical Theatre Residency

**Please fax or mail completed form to:
ARIZONA THEATRE COMPANY**

Attn: Amber Tibbitts
Education Associate
502 W. Roosevelt
Phoenix, AZ 85003
atibbitts@arizonatheatre.org

Phone: 602-256-6899 x 6115

Fax: 602-256-7399

- Upon receiving this form, ATC education staff will contact you to confirm your request.
- Payment for the workshop must be received 14 days prior to the event.
- An ATC guest teaching artist will contact you 14 days prior to the scheduled visit to discuss workshop specifics. It is the responsibility of the teacher to contact ATC if he/she does not receive contact from the guest teaching artist at that time.
- If cancellation is unavoidable, please notify ATC no later than 7 days before the schedule visit. There will be no refund for any school who fails to cancel with sufficient notice.