August 8 - August 18, 2016
at the American School for the Deaf,
139 North Main Street West Hartford, CT 06107

Who can attend? Deaf, Hard of Hearing, and Hearing students currently in grades 10 - 12

The Second Annual Theatre Immersion Program is an all-encompassing, ten-day summer program for high school-aged theatre enthusiasts. It offers students theatre training opportunities specializing in NTD’s “theatricalized” American Sign Language. The program engages students in classes and workshops, script development, rehearsals, guest lectures and demonstrations, and performances with the actors from NTD, ultimately resulting in a sample tour to venues in the state of Connecticut, including the Hygienic Art Park in New London. Participants greatly benefit from this hands-on, annual opportunity to eat, sleep, and breathe theatre!

See our application sheet below. Spots are limited!

Contact:
Betty Beekman,
Executive Director NTD
bbeekman@ntd.org
Email subject line: TIP 2016
Limited scholarships are available
The National Theatre of the Deaf
and the American School for the Deaf

THEATRE IMMERSION PROGRAM
Application for Students in Grades 10 – 12
August 8 – 18, 2016
at the American School for the Deaf
139 North Main Street, West Hartford, CT 06107

Program Fee: $950.00 (Limited scholarships available! Inquire at tip.ntd@gmail.com)
The program fee includes all meals, housing, workshops and training, tee shirts for performances, as well as transportation for events and shows.

Name: _________________________________________________________________________
Age: ________________ DOB: _____/_____/_____
Please check all that apply: Deaf: ___ Hard of Hearing: ___ Hearing: ___ Child of Deaf Adults: ___
Name of your school: _________________________________________________________________ State: ____________
Grade you will enter in fall 2016: ______________
Name of Parent(s)/Guardian(s): __________________________________________________________________________
Address: __________________________________________________________________________________________________
Phone: (______)_________________________ → Home: ___ Cell: ___ Text only: ___
Your Email: _______________________________________________________________________________________________
Parent(s)’/Guardian(s)’ Email: _____________________________________________________________________________

Please send us:

☐ A resume with your list of in- and out of school activities including any theatre and/or signing experience, clubs, volunteer work, work experience, sports, interests, etc.
☐ 2 to 3 sentences about why you would like to be part of the Theatre Immersion Program

Thank you for your application! Please send this form and required attachments to tip.ntd@gmail.com with email subject line “LASTNAME TIP Application 2016” or mail to:
National Theatre of the Deaf
Attn: TIP Application 2016
325 Pequot Ave
New London, CT 06320

Applications are due by May 1, 2016. You will be notified of enrollment status May 15, 2016. Please remember spots are limited! Applications sent in early do not necessarily guarantee you a spot.
The National Theatre of the Deaf
and the American School for the Deaf

THEATRE IMMERSION PROGRAM

Registration

Participant’s name: _______________________________________________________________
Age: ________________ DOB: ____/____/____
Please check all that apply: Deaf: ___ Hard of Hearing: ___ Hearing: ___ Child of Deaf Adults: ___
Name of participant’s school: __________________________________________________________ State: ____________
Grade participant will enter in fall 2016: ________________
Name of Parent(s)/Guardian(s): __________________________________________________________________________
Address: ________________________________________________________________
Phone: (_____)___________________________ Whose? _________________ Home: __ Cell: ___ Text only? ___
Work Phone: (_____)___________________________ Email: __________________________________________________________________________
Phone: (_____)___________________________ Whose? _________________ Home: __ Cell: ___ Text only? ___
Work Phone: (_____)___________________________ Email: __________________________________________________________________________
Participant’s cell phone: (_____)___________________________ Text only? ___

2 or 3 sentences about participant for program bio: ____________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Tee shirt size (adult sizes): ________________________________________

Please also send us:
□ Completed Emergency Contact Form
□ Completed Medical and Insurance Form
□ Completed Authorization, Waiver, and Hold Harmless Agreement
□ Completed Transportation Form

Thank you for your registering! Please send this form and required attachments to tip.ntd@gmail.com
with email subject line “LASTNAME TIP Registration 2016” or mail to:
National Theatre of the Deaf
Attn: TIP Registration 2016
325 Pequot Ave
New London, CT 06320

You may also fax your forms to 860-574-9107. We will confirm if fax has reached us.

Registration forms are due by May 30, 2016.