

Acting Without Boundaries

Actor Application Form



Unique performing arts
programs for people
with physical disabilities

AWB accepts applications for individuals with physical disabilities, ages 4 and up. Enrollment in AWB is limited for both AWB Juniors (children and teens) and AWB Seniors (older teens and adults). Interested applicants should complete the form and shortly thereafter, you will hear from AWB regarding next steps. A workshop observation and meeting with our founder, Christine Rouse will be scheduled.

Please note, transportation to AWB rehearsals and programs are not provided. AWB Jr. and AWB Sr. programs are performance programs and meet monthly to rehearse for their yearly productions. Performances are in-person and attendance at workshops and performances are mandatory, barring illness, or conflicts given at the beginning of each performance year. Rehearsals and performances take place in the Greater Philadelphia Region, primarily Haverford/ Bryn Mawr, PA.

Participant's Information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Phone Number: _____ Birth date: _____

Briefly describe yourself and what activities interest you.

Have you ever participated in the performing arts? (this is not a requirement to apply, we welcome all skill levels!) Why do you want to participate in AWB?

Medical Information

Please describe the participant's disability:

Any medical conditions, restrictions or issues we should know about?

Does the participant use any special equipment: wheelchair, walker, communication device, cane, hearing aides, etc?
If yes, please explain:

Are medications required?
If yes, please explain:

Will the participant need assistance in any way?
If yes, please explain:

ADDITIONAL CONTACT INFO

If participant is under 18

Please provide a Mother/Father/Parent/Legal Guardian's

Name: _____

Email Address: _____ Phone Number: _____

Emergency Contact

Name: _____

Email Address: _____ Phone Number: _____

Contact of person who is responsible for any transportation and caretaking, if other than self.

(example: an aid, a parent, a driver, etc)

Name: _____

Email Address: _____ Phone Number: _____