

TRACK A SCENIC ARTIST'S QUALIFYING QUESTIONNAIRE - THIS FORM NOT NEEDED FOR APPRENTICE APPLICANTS.

PRINT ALL OF THE INFORMATION BELOW REGARDING UP TO FOUR PRODUCTIONS OR PROJECTS WITH WHICH YOU HAVE BEEN INVOLVED.

THE FIRST TWO PRODUCTIONS LISTED SHOULD DESCRIBE RECENT PROJECTS ON WHICH YOU WORKED, AND SHOULD REFLECT YOUR BEST WORK.

CHOOSE ONE OF THESE TWO PROJECTS TO BE CONSIDERED YOUR PRIMARY PRODUCTION PROJECT.

DURING THE INTERVIEW, YOU WILL BE EXPECTED TO DISCUSS ALL ASPECTS OF THIS PROJECT.

THE SECOND OF THESE TWO SHOULD ALSO BE IMPORTANT TO YOU, AND DEMONSTRATE THE RANGE AND DIVERSITY OF YOUR WORK AND SCENIC ABILITIES.

PLEASE MAKE SEVEN (7) COPIES OF THIS QUESTIONNAIRE AND RETURN THEM WITH YOUR COMPLETED APPLICATION. THANK YOU!

YOUR NAME _____ **PHONE** _____

SKILLS: PLEASE LIST BELOW ANY EXCEPTIONAL SKILLS THAT YOU WISH THE JUDGES TO CONSIDER, I.E. LETTERING, DISPLAY, SCULPTING, AIRBRUSH WORK, ETC. – AND PROVIDE SAMPLES OF THIS WORK IN YOUR PORTFOLIO:

PRIMARY PRODUCTION PROJECT: INDICATE IF YOU WERE A CREW SCENIC ARTIST ON THE PROJECT OR THE PRIMARY SCENIC ARTIST OR THE CHARGEPERSON

NAME OF PRODUCTION _____

DESIGNER _____ DATE _____

LOCATION _____ CITY/STATE _____

ADDRESS & PHONE WHERE DESIGNER (OR PRODUCER, DIRECTOR) MAY BE REACHED _____

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THIS PRODUCTION:

WERE YOU THE CHARGEPERSON? YES NO, THE CHARGEPERSON WAS _____

IF YOU WERE NOT THE CHARGE, WHAT WAS YOUR POSITION? _____

WHAT WAS THE SIZE OF THE CREW? _____

WHAT WAS THE BUDGET? _____

LENGTH OF TIME PRODUCTION WAS IN THE SHOP/STUDIO? _____

HOW LONG WERE YOU ON THIS JOB? _____

HOW MUCH TIME WAS ALLOTTED TO TWO OF THE MAJOR SCENIC UNITS? (THESE UNITS MUST BE REPRESENTED IN YOUR PORTFOLIO)

UNIT #1 _____ UNIT #2 _____

WHAT DID YOU DO ON THESE UNITS?

(CHECK ONLY THOSE THAT APPLY) -----

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> DRAWING | <input type="checkbox"/> TEXTURES / SURFACE TREATMENTS |
| <input type="checkbox"/> COLOR-MIXING | <input type="checkbox"/> AGING |
| <input type="checkbox"/> LAY-IN | <input type="checkbox"/> LETTERING |
| <input type="checkbox"/> DETAIL | <input type="checkbox"/> SCULPTURE |
| <input type="checkbox"/> OTHER _____ | |

OTHER REMARKS OR INFORMATION:

PRESENTATION PRODUCTION #2: INDICATE IF YOU WERE A CREW SCENIC ARTIST ON THE PROJECT OR THE PRIMARY SCENIC ARTIST OR THE CHARGEPERSON

NAME OF PRODUCTION _____

DESIGNER _____ DATE _____

LOCATION _____ CITY/STATE _____

ADDRESS & PHONE WHERE DESIGNER (OR PRODUCER, DIRECTOR) MAY BE REACHED _____

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THIS PRODUCTION:

WERE YOU THE CHARGEPERSON? YES NO, THE CHARGEPERSON WAS _____

IF YOU WERE NOT THE CHARGE, WHAT WAS YOUR POSITION? _____

WHAT WAS THE SIZE OF THE CREW? _____

WHAT WAS THE BUDGET? _____

LENGTH OF TIME PRODUCTION WAS IN THE SHOP/STUDIO? _____

HOW LONG WERE YOU ON THIS JOB? _____

WHAT WERE YOUR DUTIES? _____

ADDITIONAL PRODUCTION #3:

CHECK ONE: I WAS THE CHARGEPAINTER / PRINCIPAL SCENIC ARTIST A CREW SCENIC ARTIST WORKING UNDER OTHERS

NAME OF PRODUCTION _____

DESIGNER _____ DATE _____

LOCATION _____ CITY/STATE _____

OTHER REMARKS OR INFORMATION YOU'D LIKE TO INCLUDE:

ADDITIONAL PRODUCTION #4:

CHECK ONE: I WAS THE CHARGEPAINTER / PRINCIPAL SCENIC ARTIST A CREW SCENIC ARTIST WORKING UNDER OTHERS

NAME OF PRODUCTION _____

DESIGNER _____ DATE _____

LOCATION _____ CITY/STATE _____

OTHER REMARKS OR INFORMATION YOU'D LIKE TO INCLUDE: