



Audition Form

Please fill out this form clearly and completely.
(front and back)

Your picture will be taken at auditions.

There is no cost to auditions—If you are cast in the show, there is a \$25 Production Fee per actor.

Name: _____ Main Phone: _____ Cell _____

Address: _____ Secondary Phone: _____ Cell _____

City: _____ State: _____ Zip: _____

Email: _____

Male _____ Female _____ Age: _____ Date of Birth: _____ Height: _____ Grade: _____

(Parent information is needed for anyone under 18)

Parents' Names: _____

Parents' Phone: Main: _____ Cell _____ Secondary: _____ Cell _____

Parents' Email: _____

Experience *(last 3 shows only)*

Show	Role	Director	Theatre	Year

Classes and/or Lessons and/or Special Talents *(list only 3)*

Class / Lessons / Special Talents	Instructor	Year

Role(s) desired: _____ Will you accept any role? _____

Would you be will to cut or dye your hair?

If NOT cast, would you be interested in working crew? (backstage, props, costumes, lights, sound, etc.)

What song are you singing?: _____

Director's Comments:

Call Back

Cast: _____



Audition Form

Please fill out this form clearly and completely.
(front and back)

Your picture will be taken at auditions.

Auditions are free—If you are cast in the show, there is a \$25 Production Fee per actor.

Name: _____

Please list all known rehearsal conflicts below. **You will be required at all rehearsals the week before opening.**

MEDICAL OR SPECIAL CIRCUMSTANCES INFORMATION:

Neither I nor my child have Medical or Special Circumstances that SCT needs to know about.

IF you or your child has a Medical or Special Circumstance, please answer the question below.

(Attach sheet if additional info is needed.)

I or my child have food or other allergies or other needs that SCT should be aware of:

I or my child have special physical needs or communication/language difficulties that SCT should be aware of:

ACKNOWLEDGEMENT OF RESPONSIBILITIES:

I understand, that if I am cast in this production, I am responsible for attending all rehearsals for which I am scheduled, and I am required to attend **ALL** rehearsals during Tech Week. If a conflict arises (illness or emergency), I will notify the State Manager **before** rehearsal is scheduled to begin. I understand that missed rehearsals may result in my dismissal from the show. I agree to pay the **\$25 Production Fee** and I understand I may be responsible for the purchase of additional personal items (shoes, tights, makeup, etc.)

Signature _____ Date: _____

Parent Signature _____ Date: _____