**PICKERINGTON COMMUNITY THEATRE AUDITION FORM**

****

**“The Little Princess” Show dates Dec. 4th, 5th, 6th, 11th, 12th, & 13th, 2015**

**Epiphany Lutheran Church, 268 Hill Rd. North, Pickerington**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Audition #:**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_ Height: \_\_\_\_\_\_ male / female (Circle)**

**ADDRESS: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONES: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT NAME AND NUMBER IF YOU ARE UNDER 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Acting / Theater Experience / Formal Training / Special Skills** (list or attach resume) (write on back if needed)

List any parts/roles you are interested in (or just write “any”)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you take any role if you do not get the role you are interested in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you do not get a part, would you help in other areas? (lights, set, stage crew, publicity, etc..)?

Please list any conflicts you may have between now and final performance date and how flexible they are (vacations, work, etc..). Rehearsals will be Friday evenings, Saturday mornings & Sunday afternoons (until tech week at which time rehearsal is the evening of Nov. 30th, Dec. 1st & 3rd ).

I hereby grant the Pickerington Community Theatre permission to use my likeness in photograph or video in any and all of its publications, including website entries, without payment or any other consideration.I understand and agree that these materials will become the property of Pickerington Community Theatre and will not be returned. I understand that, should I be chosen as a part of the cast, I must pay a **$20 participation fee** to defray production costs (show license, building rent, etc…). I understand Pickerington Community Theatre is a non-profit organization. I understand my email will be added to PCT’s email list but will not be sold or provided to any other organization.

X

­­­­­­­­­­­­­­­­­­­­­(Signature – parent must sign if you are under 18) (Date)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do not write below this line. Production staff notes only\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Volume:

Characterization:

Movement: