

PICKERINGTON COMMUNITY THEATRE AUDITION FORM
"Blithe Spirit" Show Dates October 12-13 and 19-20, 2018

DATE: _____

Audition # (assigned at audition): _____

NAME: _____ AGE: _____ Height: _____ male / female (Circle)

ADDRESS: _____

PHONES: Home _____ Cell _____ EMAIL: _____

PARENT NAME AND NUMBER IF YOU ARE UNDER 18: _____

Acting / Dancing / Singing / 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, band, 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..). OR – You can attach a calendar indicating dates you are unavailable.

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...). If you cannot afford this fee do not let it stop you from auditioning as we can make exceptions if you have a financial need. 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: