PICKERINGTON COMMUNITY THEATRE AUDITION FORM Arsenic and Old Lace Show Dates: March 18-20 and 25-27, 2022 Fridays and Saturdays at 8pm, Sundays at 2pm

DATE: Audition #:			
NAME:	AGE: Height:		
ADDRESS:			
PHONES: Home	Cell	EMAIL:	
PARENT NAME AND NUMBER IF			
Acting / Dancing / Singing / Thea (list or attach resume) (write on b	ter Experience / Formal Ti		
List any parts/roles you <u>are</u> intere	sted in (or just write "any")	
Will you take any role if you do no	ot get the role you are inte	rested in?	
If you do not get a part, would you	u help in other areas? (ligh	its, set, band, stage crew, publicit	ry, etc)?
Please list any conflicts you may h (vacations, work, etc). Rehearsal OR – You can attach a calendar inc	s will be Friday evenings, S	Saturday mornings, Sunday aftern	
Lhereby grant the Pickerington Communications, including website entries I understand and agree that these matereturned. I understand that, should I be (show license, building rent, etc). I exceptions if you have a financial need my email will be added to PCT's email.	s, without payment or any otherials will become the proper the chosen as a part of the cast of you cannot afford this fee ded. I understand Pickerington	her consideration. ty of Pickerington Community Theat , I must pay a \$30 participation fee to o not let it stop you from auditioning Community Theatre is a non-profit of	tre and will not be o defray production costs g as we can make
X			
(Signature – parent must sign if yo	ou are under 18)	(Date)	
	Do not write below this line. Prod	luction staff notes only	
Volume:			
Characterization:			
Movement:			