*** PLEASE PRINT AND BRING THIS FORM WITH YOU TO AUDITIONS ***

PICKERINGTON COMMUNITY THEATRE AUDITION FORM

SHOW NAME:	DATE:	
NAME:	MALE	FEMALE
AGE:	HEIGHT:	
ADDRESS:		
PHONE NUMBER:	EMAIL:	
PARENT NAME IF YOU ARE UNDER 18:		
PARENT PHONE NUMBER:	EMAIL ADDRES	S:
VOCAL RANGE (Soprano, Alto, Tenor, Bass, etc.):		
THEATRE EXPERIENCE (Acting / Dancing / Singing / Theater Experience / Formal Training / Special Skills): (May attach resume or write on back if needed)		
List any parts/roles you <u>are</u> 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 the dates and types of conflicts you may have during rehearsals and show performances. Rehearsals will be Friday evenings, Saturday mornings, and Sunday afternoons (until tech week). You may also attach a calendar indicating dates you are unavailable.		
PLEASE NOTE: Waiting until after the show is cast to disclose any or all of your scheduling conflicts may result in PCT retracting our offer of any part to you, whether principal or ensemble.		
I hereby grant the Pickerington Community Theatre permission to use my lik including website entries, without payment or any other consideration.	eness in photograph	or video in any and all of its publications,
I understand and agree that these materials will become the property of Pick understand that, should I be chosen as a part of the cast, I must pay a \$30 parent, etc.). If I cannot afford this fee due to a financial need, I understand I m	rticipation fee to de	fray production costs (show license, buildir

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

not be sold or provided to any other organization.

understand that Pickerington Community Theatre is a non-profit organization. I understand my email will be added to PCT's email list and will