

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 ADDRESS:

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 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 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 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 \$30 participation fee to defray production costs (show license, building rent, etc.). If I cannot afford this fee due to a financial need, I understand I may request a waiver from Pickerington Community Theatre. I understand that Pickerington Community Theatre is a non-profit organization. I understand my email will be added to PCT's email list and will not be sold or provided to any other organization.

X

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

(Date)