Pickerington Community Theatre

AUDITION REGISTRATION FORM

AUDITION #

staff use only

PRODUCTION TITLE

AUDITION DATE

PERSONAL INFORMATION

FULL NAME

PREFERRED NAME

PHONE NUMBER

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

PHYSICAL CHARACTERISTICS

HEIGHT

AGE

GENDER: ☐ Male ☐ Female ☐ Non-binary ☐ Other

VOCAL PART/RANGE (IF KNOWN)

ROLE PREFERENCES

ROLE(S) YOU ARE AUDITIONING FOR

☐ Will accept any role ☐ Ensemble only ☐ Principal only

THEATER EXPERIENCE & SPECIAL SKILLS (You may attach resume or write on back if needed)

REHEARSAL AVAILABILITY (You may also attach a calendar indicating dates you are unavailable)

Rehearsals will be Friday evenings, Saturday mornings, and Sunday afternoons, with some exceptions and offsite activities (until tech week).

CONFLICTS (DATES YOU ARE NOT AVAILABLE DURING THE REHEARSAL/PERFORMANCE PERIOD)

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.

IF YOU DO NOT GET A PART, WOULD YOU HELP IN OTHER AREAS? (LIGHTS, SOUND, SET, COSTUMES, ETC.)

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 (PCT) 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 PCT. I understand that PCT 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

Signature

Date