



The Actors Conservatory Theatre

DIRECTOR'S BOX:

(Reg. Pd. __)
(Bio __)
(Pic __)

AUDITION APPLICATION

Name _____ Birthdate _____

Address _____

Age _____ Male __ Female __ School _____ Grade _____

What's the best way to reach you? Phone __ Cell __ E-Mail __ Height _____ Weight _____ Sizes _____ / _____
(*Parent) (*Parent) (*Parent) Shirt Pants

Phone _____ Cell _____ E-Mail _____

Emergency Contact Number: Who _____ Phone _____

What parts are you interested in? _____

What have you done in theatre? _____ (use reverse)

What special talents can you share? _____

When are you **not** available? _____

Any allergic reactions to make-up? _____

For Children under 18:* (see above and below)	
How will you get to the ACT? _____	
Name of Mother _____	Father _____
Address _____	Address _____
Phone _____ Cell _____	Phone _____ Cell _____
Will help with- _____	Will help with- _____
When available _____	When available _____

If you have a head shot or school picture, please submit it with this application. If you don't have one, The ACT will take your picture for the program. Please take time to write down any information you would like included in your program biography on the back of this application. Please try to be brief and limit your biography to approximately 55 words or less. Biography included (___)

***PARENTS PLEASE NOTE: All children under 10 must be accompanied by a Parent or Guardian over 18 years of age.**

***I give my permission for my child _____ to participate in any and all activities with The ACT.**

***I understand that any participation fees must be paid at the time of casting at the callbacks & mandatory Parent Meeting.**

I have read the accompanying rules and I understand that if I, or any participating member of my family, do not abide by these rules, we may be asked to leave the production. I do hereby absolve, indemnify and hold harmless, The ACT, its Board of Directors, members, supervisors, and all from any liability of any kind whatsoever in the event of any damage, loss, accident, or injury sustained by the above named applicant while being transported to or from or while participating in any of The ACT activities, performances or rehearsals. I give (do not give __) my permission for The ACT to use any photos taken by them for future promotional purposes.

Applicant _____ *Parent/Guardian _____ Date _____