AUDITION APPLICATION

Name_____ Birth Date_____ Age_____

Address_____ City_____ Zip_____

Male_____ Female_____ School_____ Grade_____

Actor's Cell_____ Actor's Email_____

Mother's Name_____ Cell_____ Email_____

Father's Name_____ Cell_____ Email_____

Alternate Contact (if needed) _____ Cell_____ Email_____

Emergency Contact_____ Cell_____

Who should receive email communications? ___ Actor ___Mother ___Father ___Alternate Contact

What parts are you interested in? _____
(If you are only interested in a certain part, please note that here by writing "Only.")

What have you done in theatre? Any special talents? _____

_____

Is this your first main stage production at The ACT? _____ Any allergic reaction to makeup? _____

Is there anything about your child you would like us to know to help us work effectively with him/her? _____

_____

Rehearsal and Performance Conflicts – Circle known or possible conflicts (from dates in **bold** print). You are committing to attend all rehearsals and performances not circled. Any misses beyond those circled are considered unexcused. Four or more unexcused absences may result in removal. Use the lines below the calendars if explanation is needed.

JANUARY

S	M	T	W	T	F	S
		1	2	3	4	**5**
6	7	**8**	9	**10**	11	**12**
13	14	**15**	16	**17**	18	**19**
20	21	**22**	23	**24**	25	**26**
27	28	**29**	30	**31**		

FEBRUARY

S	M	T	W	T	F	S
					1	**2**
3	4	**5**	6	**7**	**8**	**9**
10	11	**12**	**13**	**14**	**15**	**16**
17	**18**	**19**	**20**	**21**	**22**	**23**
24	25	26	27	**28**		

MARCH

S	M	T	W	T	F	S
					1	**2**
3	4	5	6	7	**8**	**9**
10						

_____

_____

Please email your program biography to programads@getintotheact.org. Limit your bio to 70 words or fewer.

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 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, rehearsals, or performances. I give my permission for The ACT to use any photos taken by them for future promotional use. I agree to abide by and respect all of the rules and guidelines of The ACT. I understand that failure to fulfill volunteer requirements may jeopardize participation in future productions.

Applicant_____ Parent/Guardian_____ Date_____