

AUDITION APPLICATION

Name _____ Birth Date _____ Age _____
 Address _____ City _____ Zip _____
 Male _____ Female _____ School _____ Grade _____
 Actor's Cell _____ Actor's Email _____
 Mother _____ DOB _____ Cell _____ Email _____
 Father _____ DOB _____ 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 willing to participate if cast in a specific role(s), 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.

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

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, injury, or illness 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 _____