

Adrian Community Theater

Audition Form for Cast and Crew

Name: _____ Age: _____

Address: _____

Show: _____ Role(s): _____

Phone: (____) _____ Cell/ Home/ Work Text OK? Y/N

Email Address: _____

Yes! Please sign me up to your email distribution list to receive future audition and performance notices.

If not cast in the role(s) for which you are auditioning, would you accept any role? Y/N

If not cast in a role, would you accept a crew position? Y/N

Which of the following are you experienced with? (Select all the apply)

STAGE MANAGER COSTUMES LIGHTS SET CONSTRUCTION SET PAINTING

PROPS SOUND CONCESSIONS OTHER: _____

Previous Theater Experience: _____

Special Talents and Skills:

Since we are a community theater, we have no paid staff members. Everyone, including the Director, is a volunteer. Therefore, it is crucial for actors and crew members alike to assist with set construction, painting, gathering props, etc. On the rehearsal calendar, set work days have been designated to accomplish these tasks. If you have conflict with one of these work days, please list it, along with any other rehearsal conflicts you may have. Also list the days you may be late to rehearsal. (NO excused absences for the last 2 weeks of rehearsal) If you are not available for the last weeks of rehearsal, please wait and audition for a later production.

Please List ALL rehearsal conflicts: _____

Image Release Form for Adrian Community Theater (ACT)

I, _____, grant my permission to photograph, record, publish, print, post, and/or reproduce my or my minor child's image/name in all forms of media associated with the promotion of ACT, relating but not limited to, rehearsals, performances and press releases. I hereby indemnify and hold harmless against any and all claims of damages arising out of taking or use of pictures of myself or my minor child.

Printed Name

Signature

Date

Parent Name (if minor)

Parent Signature

Date