AUDITION FORM

Jefferson Community Theatre

A PARENT OR LEGAL GUARDIAN MUST COMPLETE THE ADDITIONAL (*) FIELDS IF THE APPLICANT IS UNDER 18 YEARS OF AGE

NAME:		*NAME OF PARENT OR LEGAL GUARDIAN**	
ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE: CELL ( ) HOME ( )		*CELL NUMBER OF PARENT OR LEGAL GUARDIAN** ( )	
EMAIL ADDRESS:		*EMAIL ADDRESS OF PARENT OR LEGAL GUARDIAN**	

HEIGHT:	HAIR COLOR:	EYE COLOR:	AGE:	GENDER IDENTITY:

PART(S) AUDITIONING FOR:	ANY PART(S) YOU WILL NOT ACCEPT?:

WOULD YOU CONSIDER BEING AN UNDERSTUDY, POTENTIALLY FILLING IN FOR A SICK OR INJURED ACTOR, KNOWING IT MEANS THAT YOU MAY DO ALL THE WORK AND NEVER GET TO PERFORM THE ROLE ON STAGE?: ☐ *YES* ☐ *NO*

HAVE YOU PARTICIPATED IN A JCT PRODUCTION BEFORE?: ☐ *YES* ☐ *NO*	IF YES, IN WHICH PRODUCTION(S), AND IN WHAT CAPACITY?:

WHICH OFF-STAGE JOB(S) WOULD YOU BE INTERESTED IN?: ☐ *BACKSTAGE CREW* ☐ *SET CONSTRUCTION* ☐ *PROPS* ☐ *PUBLICITY* ☐ *BOX OFFICE* ☐ *PHOTOGRAPHY* ☐ *COSTUMES* ☐ *CONCESSIONS* ☐ *HAIR/MAKE-UP*

PLEASE LIST ANY INSTRUMENTS YOU CAN PLAY (IN CASE MUSICIANS ARE NEEDED IN THIS PRODUCTION):

PLEASE LIST ANY SPECIAL SKILLS (SINGING, DANCING, GYMNASTICS, ETC.) YOU MAY HAVE - CONTINUE ON BACK IF NECESSARY:

WEEKDAY EVENINGS YOU ARE AVAILABLE FOR REHEARSALS: ☐ *MONDAY* ☐ *TUESDAY* ☐ *WEDNESDAY* ☐ *THURSDAY* ☐ *FRIDAY*

WEEKEND DAYS ONLY IF NECESSARY: ☐ *SATURDAY* ☐ *SUNDAY*

Please initial the following statements to indicate that you have read and agree to these participation terms.

____ I will attend and be on time to all required rehearsals unless excused in advance.

____ I will attend and be on time to all dress rehearsals and performances.

____ I will show courtesy and respect to my fellow cast mates/crew, production team, and JCT board members; I will be mindful of my behavior when representing JCT.

____ I agree to allow my image (or the images of my child) to be used by JCT in any and all promotional materials.

____ I release JEFFERSON COMMUNITY THEATRE (JCT), The City of Jefferson, JCT board members and volunteers involved with this production, from any and all liability for any injury sustained while participaing in any function related to this production.

____ I agree to be responsible for any scripts loaned to me for this production, and will reimburse JCT for any damage or lost materials.

____ I agree to be responsible for any costumes, props, or other items to be used by me for this production, and will reimburse JCT for any damage or lost items. I also agree to not touch any other such items that do not belong to me and are not mine to use.

____ I agree to sell at least six tickets to the show and/or the equivalent of a full page ad in the program.

____ I agree to put up at least three posters promoting this show, at various businesses and locations in and or around Jackson County.

____ I agree to attend at least one set call to assist with constructing, painting, or in some way helping prepare the stage and/or set.

____ I agree to not bring gum, food, or drinks (other than water) into the theatre or rehearsal space (if applicable); and that I will do my best to help keep the facility clean and clear of trash and debris.

____ I agree to help with striking the set and transporting it (if able) to the JCT storage facility on the final performance day.

____ I agree to help promote this production through participation in local parades, festivals, etc. and in any way possible.

____ I agree to allow my email address to be added to any distribution list directly connected with this production or JCT for informational purposes.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN:* _____ DATE:* _____

Please use the attached calendar to list all vacations, events, and activities you have which might make you unavailable to rehearse or perform on weekends or after 6:00 pm on weekdays. Please return the calendar with your audition form.

LAST NAME: _____

PLEASE PRINT YOUR NAME IN LARGE BLOCK LETTERS

FIRST NAME: _____