

*The Albright Community Theatre
Audition Form*

*** PLEASE PRINT CLEARLY ***

Production Title: _____

Are you auditioning for a specific role? YES NO **If so, which role:** _____

Will you accept another role? YES NO **Are you willing to perform more than one role?** YES NO

Are you willing to accept a non-speaking role? YES NO

If deemed necessary, are you willing to change/cut/color your hair? _____

(Note: Please do not change your hairstyle in any way after auditions unless requested by the Director)

NAME: _____ **Preferred Pronouns:** _____

HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CONTACT NUMBER: _____ MOBILE LAND LINE

EMAIL ADDRESS: _____

LIST ALL SCHEDULE CONFLICTS BELOW

Rehearsals may be 3-4 nights a week and often include weekends. Please list ALL of the times that you will not be available to rehearse between now and the close of the production. Please provide details of any conflict and whether there is any flexibility. Be sure to include dates and times of conflicts. We will do our best accommodate schedule conflicts. We reserve the right to reverse casting decisions if any conflicts are omitted from this form and interfere with rehearsals and production.

I have read the statement above and by signing below I certify that the conflict information I have provided is complete to the best of my knowledge.

***Signature:** _____ **Date:** _____

** If you are under the age of 18 please have a parent or guardian sign on your behalf, confirming schedule*


Please complete the back of this form

Resume Attached

Or please list your theatre experience here: _____

Questions/Comments/Concerns: (Anything you would like to share with us?):

 PLEASE COMPLETE THIS SECTION IF THE ACTOR IS UNDER THE AGE OF 18

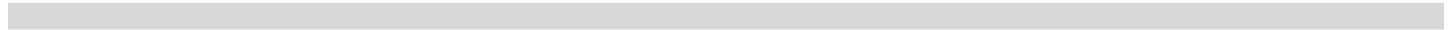
 Actor Age: _____ Guardian Name(s): _____



How did you learn about auditions? _____

I am interested in (please check all that apply)

Acting Directing Stage Managing Costumes Lighting Set Props Sound



MEDIA RELEASE AND AUTHORIZATION

I authorize the Albright Community Theatre to use my name and likeness for publicity and archival purposes. This includes but is not limited to: Internet and Social Media postings, publication in theatre newsletters, brochures, programs, and publication in local newspapers.

SIGNATURE* _____ DATE _____

* If you are under the age of 18, please have a parent or guardian sign on your behalf, indicating authorization as detailed above.