



THE ACTORS CONSERVATORY THEATRE

Cast Registration Checklist

Name _____

All items in this box must be initialed by an ACT representative. All items must be completed by June 8 to receive a script for the read-through.

Participation fee (\$75 per actor) _____

Signature page from the Actor/Parent Handbook _____

Volunteer sign-up sheet _____

Parent meeting attended _____

Bio of the Actor/Actress _____

e-mail to programads@getintotheact.org or submit via the bio button on the website. 75 words max.

All items in this box must be signed by a parent or guardian.

_____ I understand that the directors must not be contacted until after the cast list is posted.

_____ I understand all children under 10 need an adult with them while at the theatre.

_____ I understand that families are required to volunteer a minimum of 20 preproduction hours and to work 4 shows.

_____ I understand my child must help with set strike following the last Sunday performance.

_____ I understand that to receive a refund for the participation fee, I must notify The ACT by June 10 that my child will not be participating in the production.

_____ I understand that all items listed above on this checklist must be completed for my child to receive a script, and that scripts will be distributed on Thursday, June 8 before the read-through.