

**AUDITION APPLICATION**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Male \_\_\_\_\_ Female \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Actor's Cell \_\_\_\_\_ Actor's Email \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
 Alternate Contact (if needed) \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Cell \_\_\_\_\_

What parts are you interested in? \_\_\_\_\_  
 (If you are only interested in a certain part, 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.

JUNE							JULY						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	<b>3</b>							<b>1</b>
4	<b>5</b>	<b>6</b>	7	<b>8</b>	9	<b>10</b>	<b>2</b>	3	4	5	<b>6</b>	<b>7</b>	<b>8</b>
11	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	17	<b>9</b>	10	11	12	13	14	15
18	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	24	16	17	18	19	20	21	22
25	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>		23	24	25	26	27	28	29

Please email your program biography to [programads@getintotheact.org](mailto:programads@getintotheact.org). Limit your bio to 75 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, or injury 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** \_\_\_\_\_