



Audition Form

Name: _____ Age: _____ Phone: _____

Name of Show: _____

Which role(s) are you interested in?

Will you accept any role? (DO NOT ANSWER YES UNLESS YOU MEAN IT) Yes ____ No ____

Conflicts: Please list any conflicts you have between now and the performance dates. The detailed rehearsal schedule will be made with these conflicts in mind. **Conflicts not listed here, will not be accepted.**

Actor Agreements (actor initials)

_____ I agree to wear costumes, hairstyles and make-up that the design team selects.

_____ I agree to attend all rehearsals that I am called for including tech week and performances.

_____ I agree to abide by Actors PLAYground code of conduct, to be reviewed at first rehearsal.

Parent / Guardian Agreements (parent initial)

_____ I understand the commitments required for my child to participate in the show and agree to have them attend all rehearsals and performances.

_____ I agree to pay the production fee before the first rehearsal.

_____ I understand that my child may be photographed and that Actors PLAYground may use these photos for publicity on its website, social media and other marketing campaigns.

Parent / Guardian Information

Name: _____ Email: _____

Phone: _____ Can we text this number? Yes ____ No ____

Emergency Contact: _____ Phone: _____

Parent Signature: _____ Date: _____

Actor Signature: _____ Date: _____