

THE SQUARE FOOT THEATRE COMPANY.

Audition Form

Auditioning for Production(s) of _____

NAME: _____ AGE/HEIGHT: _____

ADDRESS: _____ CITY/ZIP _____

PHONE: _____ CELL: _____

EMAIL: _____

PARENT/GUARDIAN EMAIL: (if under 18 year old) _____

**Please give us an e-mail address that is checked daily as this will be our primary way of getting production information to you.*

ROLE(S) INTERESTED IN: _____

WILL YOU ACCEPT A ROLE OTHER THAN YOUR PREFERENCE(S)? ____ Yes ____ No

VOICE TYPE: _____

RELATED EXPERIENCE (SHOW, ROLE, SPECIAL SKILLS/TALENTS) - PLEASE FEEL FREE TO USE OTHER SIDE OF FORM: _____

Please list ALL schedule conflicts (i.e. vacations, camp, lessons, etc.):

How did you hear about The Square Foot Theatre? _____

I have noted the rehearsal schedule, listed all known conflicts and verify the information on this form. I give permission for photos of me and/or my child and other information related to the show to be published for advertising purposes related to The Square Foot Theatre Company.

The undersigned individual and/or as a parent of the above named child do hereby agrees to waive, release, and hold harmless The Square Foot Theatre Company, Inc. and its respective officers, directors, agents, insurers and employees from any and all causes of action including personal injury and property damage.

Signature
(Parent/Guardian if under 18 year old)

Date