

THE SQUARE FOOT THEATRE COMPANY

Audition Form

Auditioning for Production(s) of _____

NAME: _____ AGE _____

ADDRESS: _____ CITY/ZIP _____

PHONE: _____ CELL: _____

EMAIL: _____

ROLE(S) INTERESTED IN: _____

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

IF NOT CAST IN THE ROLE(S) ABOVE, WILL YOU TAKE AN ENSEMBLE ROLE? _____

VOICE TYPE: _____

PLEASE ATTACHED A RESUME OF RELATED EXPERIENCE AND A HEADSHOT

Please list your availability for rehearsal:

How did you hear about The Square Foot Theatre? _____

I 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

Date