

# **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:

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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. I understand that there may be a production fee or ad sale requirement if I accept a role in this production.

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