

AUDITION FORM

Production Name: _____ Role(s) Auditioning For: _____

Applicant Information:

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Address: _____

Emergency Contact:

Full Name: _____

Relationship: _____

Phone Number: _____

Experience and Skills:

Previous Productions/Performances: _____

Special Skills (e.g., dance, singing, instruments): _____

Availability:

Are there any dates you are NOT available during the rehearsal or performance period?

Legal and Health Information:

Do you have any medical conditions or allergies we should be aware of?

Do you have any upcoming legal obligations (court appearances, probation, etc.) that might affect your participation?

Acknowledgements and Agreements:

- I certify that all information provided herein is true and accurate to the best of my knowledge.
- I understand that this audition form is not a contract or guarantee of employment or participation.
- I agree to abide by all rules, policies, and decisions of the production and its organizers.

- I release the production company, its employees, agents, and volunteers from any liability arising from my participation, including injury or loss.
- I consent to the use of my image and performance in promotional materials, recordings, and broadcasts related to the production.
- I confirm that I am legally authorized to work and participate in this production under United States law.
- I understand that any false information may result in disqualification or termination from the production.

APPLICANT'S SIGNATURE

PARENT/GUARDIAN SIGNATURE (If under 18)

Signature: _____

Signature: _____

Date: _____

Date: _____

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