

Audition Form One-Act Play

First Name: _____ **Last Name:** _____ **Age:** _____ **Year:** 1 2 3

Please list your performing experience:

Year (when?)	Production (play)	Role (part)	Company (where?)

Have you had any lessons or training in music, dance, or theatre? If so, list below.

What other after school activities do you participate in? _____

Will this play be your first priority? Yes / No

Would you be willing to help with costumes, props, set, lights or sound? Yes / No

----- Please have parent complete below -----

Please initial each statement below and sign at the bottom:

_____ My child will be available every Tuesday and Thursday from 3-5 for rehearsals beginning 9-4-18 and ending 11-8-18.

_____ I have reviewed the Showcase dates (November 6th & 7th) and Festival date (November 9th) and will not schedule any conflicts for my child.

_____ I understand that if my child is cast they will need to join the Jr. Thespian Troupe with a membership fee of \$12.

_____ I give my child, _____, permission to audition for the One-Act play on Thursday, August 30th and I will pick up my child in the car loop promptly at 5:00 pm.

_____ I understand that supervision in the car loop will end 30 minutes after scheduled auditions and rehearsals and if my child is not picked up, they will be unsupervised after 5:30 and Mrs. Holyoke is not responsible for any occurrence after this time, per the Pasco County Schools Code of Conduct.

Please list the dates of any rehearsal conflicts that you are aware of: _____

(Parent Signature)

(Date)

(Emergency Phone/Cell Phone)