



AUDITION INFORMATION SHEET

NAME _____

SCHOOL _____ GRADE _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL
PHONE _____

PERSONAL EMAIL _____

PARENT'S NAME _____

ADDRESS (if different) _____

PARENT'S CELL PHONE _____

PARENT'S EMAIL: _____

TRAINING (theatre classes & camps, vocal training, musical instruments, previous plays, use back of sheet if needed or attach resume)

ARE YOU INTERESTED IN THE RCT Young Professional ENSEMBLE? (Youth Actors Ages 12-18 by Audition/Invitation Only)	(Circle)	YES	NO
ARE YOU INTERESTED IN THE SUMMER ALL-STAR PRODUCTION? (Actors Ages 13-25 by Audition/Invitation Only)	(Circle)	YES	NO

Please list ALL CONFLICTS with REHEARSAL or PERFORMANCE SCHEDULE
 (Please refer to the Production Breakdown Sheet for Rehearsal and Production Information):

Specific Dates & Times:

Regularly Scheduled Conflicts:

Monday	Tuesday	Wed.	Thurs.	Friday	Saturday	Sunday

If cast in a RCT production, youth actor must be available for all rehearsals, performances, costume fittings, photo calls, media or press appearances as scheduled by the Artistic Director, Stage Manager or Company Manager. (ALL conflicts must be agreed upon between Company Manager and/or Artistic Director at least 3 weeks before the first rehearsal of production). Parent must be responsible for all transportation to and from all rehearsals and performances. Parent will be responsible for all insurance coverage and understands that Roanoke Children’s Theatre shall not be liable for their youth during rehearsal or performance of the production in which their child is cast. Roanoke Children’s Theatre has the right to youth actor’s name, biography, photographs, likeness or recorded voice or video for promotional purposes by any means or medium.

Signed: _____

Printed Name _____

Relationship to Youth Cast Member _____

Date _____