



AUDITION APPLICATION

Please complete this application and bring it to your audition along with a completed conflicts schedule and signed actor contract.

NAME _____ DATE _____

HEIGHT: _____ AGE: _____ EMAIL: _____

HOME PHONE _____ CELLPHONE: _____

CAN YOU ACCEPT TEXTS? _____ DO YOU USE FACEBOOK? _____

What part(s) are you auditioning for? _____

Would you consider being cast in a different role other than the one(s) you listed above? ____ Yes ____ No

Please note that you must be a paid-up member of CCT in order to participate in the show. The cost per year is \$25 for adults, \$10 for students, and \$50 for a family. If not already a member, you should come prepared to pay your membership at the first rehearsal. You can also sign up for membership on our website and pay with a credit/debit card. <http://cctchillicothe.com/membership/>

REHEARSALS: The cast will be rehearsing approximately 2-3 times per week as outlined in the rehearsal schedule. Please note conflicts on the conflict schedule and provide it with this audition application. Please contact the Director via phone or text of any unexpected absences. Unexcused absences may result in your dismissal from the show. The show dates are October 10th-October 13th, 2019.

EXPERIENCE:

Please list any previous theatrical experience.

Show	Part or Role	Who with?	When?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____