

Today's Date: \_\_\_\_\_ Audition #: \_\_\_\_\_

Show: Night at the Wax Museum

A prospective cast member for an ACT production must be a minimum of 8 years old and a maximum of 18 years old on the day that individual auditions for the production. This provision is not applicable to other ACT activities, such as summer camps, that have event-specific age criteria established during event planning.

**Auditionee Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

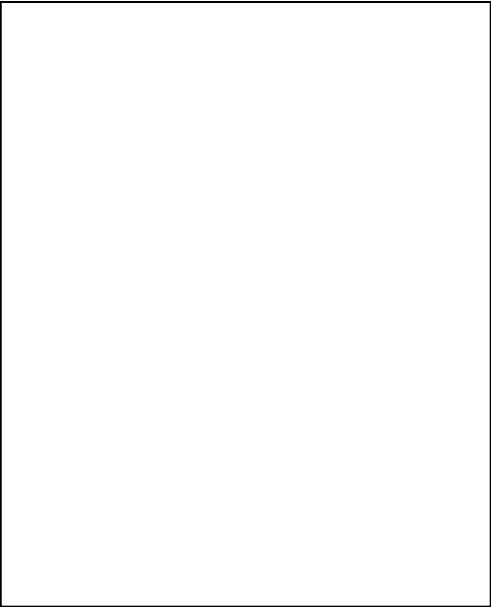
Birth date: \_\_\_\_\_ Male or Female (Circle one)

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight (optional): \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Email: \_\_\_\_\_

Parts you would like (list by first, second, third): \_\_\_\_\_



Would you accept another role? YES or No

Is this the first time you have auditioned for an ACT show? YES or No

**IF YOU ARE INTERESTED IN ANY TECHNICAL WORK, PLEASE FILL OUT THE TECHNICAL CREW APPLICATION FORM IN ADDITION TO THIS FORM.**

**Parent/Guardian Information:**

Name: \_\_\_\_\_ cell phone number: \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

Name: \_\_\_\_\_ cell phone number: \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

REHEARSALS WILL BE HELD at Alamance Lutheran Church

THERE IS A MANDATORY CAST READ THROUGH AND PARENT/GUARDIAN MEETING ON **Thursday, August 27<sup>th</sup> at 6:30 pm.**

**Rehearsal conflicts:**

PLEASE COMPLETE THE CONFLICT GRID THOROUGHLY, PROVIDING THE DAYS & TIMES OF ANY **RECURRING CONFLICTS** THE AUDITIONEE HAS (SUCH AS MUSIC LESSONS, SPORTS PRACTICE, ETC.). IT IS EXTREMELY IMPORTANT THAT THE PRODUCTION STAFF BE MADE AWARE OF ANY AND ALL CONFLICTS. FAILURE TO REPORT KNOWN CONFLICTS MAY RESULT IN REMOVAL FROM THE SHOW. Do NOT include any activities that you are willing to skip in order to be at rehearsal.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Comments regarding one-time conflicts, including Sundays (such as school concerts, family vacation, etc.):

\_\_\_\_\_

\_\_\_\_\_

Please note that NOT all cast members will be scheduled for each rehearsal, but you will be expected to attend all of the rehearsals for which you have been scheduled.

Tech week begins on October 4, 2015 prior to the show, with rehearsals held each night at the Paramount Theater. All cast and crew must be present during tech week!

Previous performing experience: (You can attach a separate page with additional info in lieu of completing below.)

Name of show	Part you played	Name of organization

Do you play any instruments? YES or NO If YES, What instruments/How many years of experience/How well do you play? \_\_\_\_\_

How did you hear about Alamance Children’s Theatre? \_\_\_\_\_

**PARENTAL/GUARDIAN PERMISSION AND RELEASE FORM ALAMANCE CHILDREN’S THEATRE**

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_ give consent for my child to participate in ACT’s production of Night at the Wax Museum.

IF MY CHILD IS CAST IN THIS PRODUCTION, I AGREE TO THE FOLLOWING:

- A. I will help and encourage my child to abide by the rules and regulations set forth by Alamance Children’s Theatre, as listed in the Artist’s Covenant to be signed at the read-through /parent meeting.
- B. I will arrange for my child to be on time for all scheduled rehearsals, performances, crew meetings, and work sessions, and will arrange for him/her to be picked up directly following the event.
- C. I will work with the director/producer in securing the appropriate costume for my child.
- D. I understand there is a \$50 Participation Fee (\$40 for each additional sibling). If my child is cast in a musical, I also understand I may need to provide the producers a \$25 check as a deposit on my musical score/script.
- E. **I understand my family will need to volunteer at least 5 hours of time per actor to complete sets, create costumes, publicize the show, and address a number of other needs. I understand I may be asked to provide a Production Fee deposit check of \$25 per actor to be returned at the close of the show assuming my family has provided at least 5 hours of assistance per actor throughout the production period. I understand that there are other options available if circumstances limit my family’s active involvement; and arrangements must be made with the producers at the beginning of the rehearsal period.**
- F. I will meet with the director/producer to discuss behavior problems concerning my child, should the need arise.
- G. I will help my child learn his/her lines if needed.
- H. I understand that if my child does not comply with rules and regulations set forth by ACT, then my child may be removed from the production.
- I. I understand that neither the Alamance Children’s Theatre Board of Directors, its agents, or the organization providing the rehearsal or performance locations are responsible for accidents or injuries.
- J. I verify that information on the audition sheet is accurate and complete to the best of my knowledge.
- K. If I provide an email address, **I will check it regularly** for possible director or producer messages.
- L. I understand that all ACT producers are volunteers, and my child and I will treat them with respect.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Auditionee Signature

\_\_\_\_\_  
Date

IF you are cast in this show, please clearly print the name you would like on all printed materials (T-shirt, playbill, etc.):

---

Please provide the BEST email for communication. You may provide emails for both parent/guardian and cast member.

Parent \_\_\_\_\_

Child (optional) \_\_\_\_\_

---

For ACT's information related to School Shows, please provide the name of the school you attend:

---

***Please give the first two pages of this document to the Director.***

***AND***

***Please return this page (page 3) to a producer before leaving. Thank you***