



ACT II

Audition Form

Production: _____

You are auditioning for an ACT II production. ACT II is a program providing acting challenges for older and/or more experienced youth actors. Auditions are open to youth 9th grade and above, and those 18 or younger on the date of auditions. Youth in the 8th grade may also audition, but will only be considered for casting if 1) they have previously participated as cast or crew in 3 or more ACT productions, and 2) there are no older auditionees who in the Director's judgment can adequately fill a role.

Auditionee Information:

Name: _____

Pronouns: _____

Birth date: _____ Age: _____ Height: _____

Grade: _____ School: _____

What role, if any, are you auditioning for :

Will you accept ANY role? (Circle one) YES or NO

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

Attach headshot/photograph here
(not required)

If this production is a musical, please fill out the **Choreography Audition Form** and the **Music Audition Form** in addition to this form. If you are also interested in **BACKSTAGE TECHNICAL WORK**, please fill out the **Backstage Technical Crew Application** in addition to this form.

Parent/Guardian Information:

Name: _____ Cell Phone: _____

Email: _____

Name: _____ Cell Phone: _____

Email: _____

If you are cast in this production there will be a \$50 participation fee (\$40 for each additional sibling).

Please check here if you need to discuss scholarship options.

As a member of this cast, you are required 1) to be at each rehearsal you are on the schedule for, unless you have a previously agreed upon conflict, 2) to be at each rehearsal during tech week 3) to be at each scheduled performance. Please see the Welcome Letter for specific dates. Failure to report known conflicts may result in removal from this show.

Please initial confirming that you understand the requirements above and are available for all required dates as referenced in the Welcome Letter. _____ Applicant _____ Parent Guardian (if under 18)

CONFLICTS:

Please complete the conflict grid below thoroughly, providing the days & times of any **RECURRING CONFLICTS** the auditionee has (such as music lessons, dance, sports practice, etc.). Please do **NOT** include any activities that you are willing to miss in order to be at rehearsal.

RECURRING CONFLICTS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Please list any ONE TIME conflicts (e.g. vacations, school concerts, etc.) and any other comments regarding conflicts:

Previous performing experience: (You can attach a separate page or resume if preferred)

**Please note that prior experience is not required*

Name of show	Part you played	Name of organization

Do you play any musical instruments or have any special talents (example: juggling, roller skating, etc.)? If you do, we want to know all about it! What do you do? How long have you done it? Anything else you can think of!

By signing below I authorize Alamance Children's Theatre, and those acting pursuant to its authority, to record my participation using video, audio, photography, or any other medium to assist ACT production staff in casting this production.

Auditionee Signature

Date

Parent/Guardian Signature (if under 18)

Date

PARENTAL/GUARDIAN PERMISSION AND RELEASE FORM FOR ACT (if under 18)

I, _____ parent or guardian of _____ give consent for them to participate in ACT's production of _____.

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. (Please talk to the production team about transportation needs if necessary!)
- C. I will work with the director/producer in securing the appropriate costume for my child.
- D. I understand there is a Participation Fee (discounted 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. All ACT productions are created through the volunteer work of the Board of Directors, producers, and parents.
- 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 Printed Name

Date

Parent or Guardian Signature

Date