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Please DO NOT write above this line

CHRISTIAN COMMUNITY THEATER • Season 2010
AUDITION FORM
Senior Follies

PLEASE PRINT NEATLY and include a picture we may keep!

1. Name _____ Home Phone (____) _____
2. Address _____ City _____ State _____ Zip _____
3. Work Phone (____) _____ Employer _____
4. DOB _____ Age _____ Height _____ Message Phone (____) _____
5. EMERGENCY Contact _____ EMERGENCY Phone (____) _____
6. e-mail Address _____
7. I would like to be considered for:
 Part: 1st choice: _____ 2nd choice: _____ 3rd choice: _____
8. Would you accept another role other than choice? Yes _____ No _____
9. Would you accept a chorus role? Yes _____ No _____
10. What part do you sing? Soprano _____ Alto _____ Tenor _____ Bass _____
11. How did you hear about CCT Auditions? _____
12. Church you attend (optional; for marketing purposes): _____
13. List other productions you have been involved with _____

14. List other theatrical abilities (i.e., dance, gymnastics, unicycle, baton, etc.): _____

15. List **ALL** conflicts during the months of rehearsals and performances (*check rehearsal schedules*). **Conflicts reported after casting may require that you withdraw from the show:** _____

Read carefully & sign:

I will be responsible for personal items (i.e., shoes, tights, makeup, etc.). In order to ensure the quality of rehearsals and the performance itself, I understand that more than two unexcused absences from rehearsals may result in dismissal from the show. I know that CCT does not carry Workers' Comp for non-staff members; I accept responsibility for my own medical expenses in the event of an accident or injury. I authorize and consent that CCT shall have the absolute right to publish, use, sell, or assign any and all photographs taken of me as a participant in the above production. I have also read and understand CCT's "Audition Information and Procedures."

Signature: _____ Date: _____

What will you be performing for your audition? _____

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For Office Use ONLY