

Call Back _____ Audition # _____
 Cast _____ Parent Committee _____
 -----(Please DO NOT write above this line)-----

SHOW Auditioning for: _____ **CYT Class Enrolled in** _____ **Area** _____
 Turn in this form with a **CURRENT PHOTO** at AUDITIONS. Please **DO NOT** attach it to the audition form

CYT AUDITION FORM • STUDENT INFORMATION

Name _____ ID# _____ Home Phone (____) _____

Parents' Names (First and Last) _____

Address _____ City _____ State _____ Zip _____

Age _____ Date of Birth _____ Height ____ ft. ____ in. Hair Color _____ Male Female

School _____

Other talents (i.e., tap, ballet, gymnastics, etc.) _____

e-mail (Parent): _____ e-mail (Student): _____

Check if you do not wish to share your information with other CYT families.

List commitments that might interfere with rehearsals and performances. Give SPECIFIC DATES and TIMES. No absences are allowed from Super Saturday through the run of the show. Conflicts reported after casting may result in dismissal from the show. _____

I would like to be considered for: Part: 1st choice _____ 2nd choice _____ 3rd choice _____

Would you accept another role other than choice? Yes (specify) _____

No

How many CYT shows have you auditioned for prior to this one? ____ Number of shows you have been in? ____

List the CYT shows you have been in: _____

What other shows besides CYT have you been in? _____

Audition type: Song Other Title: _____

If you would be interested in being on crew if not cast, please fill out a crew form and give it to the Show Coordinator by auditions.

◆ PARENT INFORMATION ◆

I realize that if my child is chosen for the cast, I will be responsible to make sure he/she attends every performance and every rehearsal for which he/she is scheduled. In case of illness, I will notify the Show Coordinator in advance. In order to ensure the quality of rehearsals and the production, I understand that two or more absences may result in dismissal from the show. ***I understand that students who audition are NOT eligible for a tuition refund.***

I understand that I will be charged a \$135 Production Fee for the 1st child, \$110 for the 2nd child and \$85 for each additional child. I am also responsible for personal items (i.e., shoes, tights, make-up). ***I understand that I will be required to attend two parent meetings, to pre-sell a designated number of tickets (see parent note for number) to regular performances, and to volunteer 20+ hours as part of a parent committee.***

Signature of one parent: _____ Date _____

Please indicate your 1st, 2nd, and 3rd choice in the spaces below.

- | | | |
|----------------------|---------------------|--------------------------|
| Backstage _____ | Historian* _____ | Public Relations _____ |
| Chair/Co-Chair _____ | House Manager _____ | Refreshments* _____ |
| Costumes _____ | Make up _____ | Sets _____ |
| Docent _____ | Program _____ | Special Activities _____ |
| Greenroom _____ | Props _____ | Technical _____ |
- *Not in all venues**

Would you be willing to chair a committee? _____

Are you available to work at the School Days performances? Yes (specify) _____ No

If your spouse would be willing to serve on an additional committee, please list his/her name and committee choices:
