

Audition Form – Temple High Theatre

Please **PRINT** clearly. Print your name exactly as you want it to appear on printed programs, websites and other publicity materials. **Adults will want to skip items that apply only to students.**

Name _____

Grade _____ School _____

Student ID No. _____

Home Phone _____

Cell Phone _____

Email _____

Parent's Names _____

SCHEDULING CONFLICTS

Are you involved in other activities? (Examples would include other school organizations, sports, private lessons, rehearsals, practices, church groups, etc.) Please look at the rehearsal and performance schedule for this production and print **ALL** conflicts:

CREW PREFERENCE

Number from 1 (highest) to 8 (lowest) with your preference:

- | | |
|--------------------------|--------------------------|
| ____ Set Crew | ____ Light Crew |
| ____ Props Crew | ____ Sound Crew |
| ____ Costume Crew | ____ Publicity Crew |
| ____ Hair & Make-up Crew | ____ Front-of-House Crew |

STUDENT PLEDGE

I pledge to perform my duties to the highest level of my ability and to give 100% to the theatre department and this production. I am aware that I am a vital part of this program and this particular theatre company. I understand that I may not be late or absent from any rehearsal beginning two weeks before the show opens,.

Student Signature _____



M

F

ACTOR

(Check here and circle your answers)

Are you willing to cut and/or dye your hair if needed?

YES NO

If not cast, are you interested in an understudy role?

YES NO

If not cast, are you interested in working on a crew?

YES NO

(If yes, please indicate your preference in the crew section.)

CREW

(Check here)

PRINT YOUR SCHOOL SCHEDULE:

0	SUBJECT
	TEACHER
1	SUBJECT
	TEACHER
2	SUBJECT
	TEACHER
3	SUBJECT
	TEACHER
4	SUBJECT
	TEACHER
5	SUBJECT
	TEACHER
6	SUBJECT
	TEACHER
7	SUBJECT
	TEACHER
8	SUBJECT
	TEACHER