

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.

Name _____

Grade _____ Student ID No. _____

Home Phone _____

Cell Phone _____

Email _____

Parent Name _____

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.

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)

HOME OF THE



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