

QCT AUDITION FORM

C/B_____

PRODUCTION:

DATE of AUDITION:

Name: _____

Height:_____ Age:_____

Cell Phone: _____ Secondary Phone:_____

Address: _____

City: _____ State: _____ Zip:_____

E-mail Address: _____

I give QCT permission to send me its newsletter, as well as information about:

- Auditions Classes I only want to receive emails regarding my involvement in this specific show

If cast, will you accept any role? YES_____ NO_____

If no, what are the only roles you will accept? _____

Relevant Performing Experience

List any and all conflicts you might have during the rehearsal or performance period

(Be specific with dates and times. Include work, school, vacations, extracurricular activities, etc. Note if you have daytime availability):

Special Skills (i.e. skating, tap dance, tumbling, etc.):_____

How did you hear about auditions? _____

ADULTS AND OLDER STUDENTS: Would you be willing to work in any of the following production areas:

___ Set Construction ___ Crew ___ Costumes ___ Lighting ___ Ushering ___ Box Office ___ Scanning

IF UNDER 18

Parent/Guardian Name(s): _____

Parent's email address (if different from above): _____

Name of Current School: _____ Current Grade Level: _____