C/B_____

QCT AUDITION FORM

PRODUCTION: **DATE:**

Name: _____

Height:_____ Age:_____

Cell Phone: _____ Secondary Phone:_____

Address: _____

City: _____ State: _____ Zip:_____

E-mail Address: _____

I would like to give QCT permission to send me their 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 (theatre, dance, vocal, etc.)**:**

_____

_____

_____

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*.):

_____

_____

_____

Special Skills (i.e. gymnastics, juggling, 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:_____