QCT AUDITION FORM

PRODUCTION: Chicago **DATE of AUDITION:**

Name: _____

Height:_____ Age:_____

Primary Phone Number: _____

Secondary Number: _____

Street Address: _____

City: _____ State: _____ Zip:_____

E-mail Address: _____

List specific conflicts you might have during the rehearsal or performance period, including jobs & vacations. (For week-nights, list conflicts that occur between 6:00pm and 10:00pm.. Note if you have daytime availability):

_____

_____

_____

If cast, will you accept any role? YES_____ NO_____

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

Relevant Performing Experience (previous theatre productions, dance classes, choir, singing lessons, etc.):

_____

_____

How did you hear about auditions? _____

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

Would you be willing to work in any of the following production areas:

____ Set Work ____ Backstage Crew ____ Costumes ____ Props ____Ushering ____Box Office