

QCT AUDITION FORM

PRODUCTION:

DATE of AUDITION:

Name: _____

Height: _____ Age: _____ Pronouns: _____

Primary Phone Number: _____

Secondary Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Vaccination Status:

- Fully Vaccinated
- Partially Vaccinated/Will be vaccinated prior to the first rehearsal
- Not vaccinated

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? _____

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

If not cast, would you like to work in any of the following production areas:

____ Set Work ____ Backstage Crew ____ Costumes ____ Props ____ Ushering ____ Box Office