

QCT AUDITION FORM

PRODUCTION: _____

DATE of AUDITION: _____

Name: _____

Height: _____ Age: _____ Pronouns: _____

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 weeknights, list conflicts that occur between 6:00pm and 10:00 pm. 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 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
