

QCT AUDITION FORM

PRODUCTION:

DATE of AUDITION:

Name: _____ Preferred Pronouns: _____

Height: _____ Age: _____ Phone Number: _____

If under 18:

Parent/Guardian Name: _____

Parent/Guardian Phone Number : _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number : _____

Student E-mail Address: _____

Parent E-mail Address: _____

Cell Phone: _____

E-mail Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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? _____

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):

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 ___ Props ___ Ushering/Box Office