



QCT AUDITION FORM

DATE of AUDITION: _____

Name: _____ Pronouns: _____

Height: _____ Age: _____

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: _____

Actor's Phone Number: _____

Actor's E-mail Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

If cast, will you accept any role? YES _____ NO _____

If no, what are the only roles you will accept, or what stipulations do you have in accepting a role (e.g. I will only accept a role if my family member is cast) _____

Would you like to be considered for a role that dances? YES _____ NO _____

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