QCT AUDITION FORM

PRODUCTION: 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:
I give QCT permission to send me its newsletter, as well as	s 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, or what stipulations do you	u have in accepting a role (e.g. I will on-
ly accept a role if my family member is cast)	
List any and all conflicts you might have during the rehearsal or performance p (Be specific with dates and times. Include work, school, vacations, extracurricular activities)	
How did you hear about auditions?	
ADULTS AND OLDER STUDENTS: Would you be willing to work in any of the Set Construction Crew Costumes Lighting Pro	e following production areas: opsUshering/Box Office

Audition Questions

1) There is a kiss between Slightly and Wendy and a kiss between Peter and Wendy. If you would like to be considered for these roles, are you willing to participate in this rehearsed stage intimacy?
Yes No
(You can still be considered for all roles if you say you are not comfortable with onstage intimacy; we want to meet everyone at their own comfort levels.)
2) Would you be comfortable playing a character with a gender other than their own?
Yes No
(You can still be considered for all roles if you say you are not)
3) Please share any movement background. This can include dance, physical theater, or specific sports you have played.