

# AUDITION FORM

## Pend Oreille Playhouse

Name

Age

Gender

Parent/Guardian Name (If applicable)

Email

Phone Number

Which role(s) are you most interested in?

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Please list any acting/performing experience that you may have:

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Are you willing to accept any role?

YES

NO

Shoe Size

Pants Size

### Casting Agreement:

I agree to play any role assigned to me without complaint. In doing so, I also agree to wear the costumes, wig or hairstyle of the director's choosing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Attendance Agreement:

By accepting a role, I agree to attend all mandatory rehearsals and performances for this production as defined by the rehearsal schedule. I also agree to abide by all theatre rules while at rehearsals and performances.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent Agreement (if applicable):

I understand the commitments required for my child to participate in this production including attendance at all mandatory rehearsals and performances as defined by the rehearsal schedule, and agree to support my child's involvement in this activity by ensuring that they are in attendance when necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any confirmed rehearsal and/or performance conflicts below:

