Frozen, Jr.

- Audition Form - PRINT CLEARLY PLEASE Audition #_____

Name_____ Phone_____Gender_____ Height_____

Hair Color_____ Age _____ School:_____ VOCAL PART/RANGE (If known):_____

ROLE(S) AUDITION FOR?_____ ARE YOU FINE WITH ANY ROLE?_____

FOR COSTUMING: T-Shirt Size: _____ Pant Size_____ Dress Size_____ Shoe/Sneaker Size:_____

FOR CASTING List highlights of experience/ training you have had involving acting and voice.

_____
_____
_____
_____
_____
_____
_____

IMPORTANT CAST MEMBERS ARE EXPECTED TO BE AT ALL ASSIGNED REHEARSALS. Absences in rehearsals strongly affect fellow scene partners and the production. If you are cast and accept a role, you are making a commitment. If you cannot make the commitment we accept the right to recast/reassign parts as the production needs. Rehearsals will be two weekday evenings per week. As we get closer to the opening of the show we will add in a few Sundays and Mondays. A detailed rehearsal schedule has been handed out. Performance dates are March 4 – March 14, 2027. **YOU MUST BE ABLE TO PERFORM ALL PERFORMANCE DATES.** Please list below any known activities, dates, or involvement of any kind in jobs, sports, school, family, or church, which would make it difficult or impossible to attend any rehearsals.

_____
_____
_____
_____
_____
_____

PHOTO/VIDEO RELEASE: I hereby grant Act One Theater Company, Inc. permission to photograph and record my child during rehearsals, performances, and related activities. I understand that these images and recordings may be used for promotional, educational, and archival purposes, including but not limited to social media, print materials, and the Act One website. I waive any rights to compensation.

Parent Acknowledgment

I understand that participation in the production may include some costs, such as providing costume pieces and black clothing to wear under costumes. The production team will share the list of needed items as early as possible. If providing any of these items presents a hardship, I will reach out to a member of the artistic team so arrangements can be made.

I have read and understood all expectations for this production.

Act One theater Company Inc. COURT SQUARE THEATER

Parent Name _____

Parent Signature_____

Address: _____City_____ Zip _____

Parent Phone Number: _____

Parent Email address: _____@_____.com

