



AUDITION QUESTIONNAIRE



Show Title:

Name:

Mailing Address:

Email:

Phone:

Pronouns:

Age Range:

Height:

Roles auditioning for:

Willing to Understudy/Standby/Swing? Yes

No

Vocal range:

Conflict dates:

What genders are you comfortable playing: Male

Female

Non-binary

Will you accept other roles if offered? Yes

No

If you have formal training the the theater arts, please list, or attach a separate document when you come to the audition.

Describe your past theater experience including the role, show title, and theater. You can use the back of this form or attach a separate sheet.

Please read the following carefully and sign below to indicate your agreement:

- I grant to Pentacle Theatre, its representatives and employees the right to take both photographs and video of me. I authorize Pentacle Theatre, its assigns and transferee's to copyright, use and publish the same in print, electronically, including all available digital formats and streaming, in perpetuity.
I agree that Pentacle Theatre may use such photography and video of me with or without my name and for any lawful purpose including publicity, illustration, advertising, social media, including the organizations website, video-on-demand or any other streaming, web or digital broadcast outlet. This agreement is irrevocable and will apply in perpetuity.
I agree that part of my responsibility as a member of the cast or crew of a Pentacle Theatre production, will be to complete one or more maintenance items listed on the CHORE CHART found in the green room for each performance.

As a member of the cast/crew you will receive emails relating to the show, rehearsal schedules etc. If you wish to opt out of receiving other Pentacle Theatre related emails, initial here: \_\_\_\_\_

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

Signature of parent or guardian of individual under the age of 18.

Relationship