

Scary Night Productions
P.O. Box 93038
Rochester, New York 14692
www.ScaryNight.org
deepak@scarynight.org

AUDITION FORM

Scary Night expects professionalism from all involved with our company including any potential applicants for roles. That means that there will be no discrimination based on race, creed, religion, sexual preference, disability, political views or nationality.

All persons who are accepted for roles must be available on the dates of production. They must be able to physically perform the role and memorize the lines. No previous acting experience is required. Those selected to be part of the movie must commit to one weekend during which filming will be done. In general, participants should expect to NOT be compensated.

Please submit at least one recent photograph of yourself. Once the selection process is over, all submission materials will be destroyed. Please do not ask for us to return them to you. In general, once you are selected for a role we expect a return email or text within 24 hours. If you cannot do this, please don't apply for a role. All filming will be done in or around Rochester NY.

Name : _____ Current Age _____

Address : _____

Phone: _____

Email: _____

Movie / TV Experience

Any additional information you wish to share

Submission of this form does NOT mean that you have been accepted.

Please initial here _____ to indicate that you agree to these terms.