



## AUDITION FORM

### ACTOR INFORMATION

Name: _____	Age: _____	Grade: _____
Address: _____	City: _____	Zip: _____
<i>(optional information)</i>		
E-mail address: _____	Cell Phone: _____	
This production is a musical. Actors will be required to sing and/or dance.		
If offered, would you accept a role that requires you to sing solo? YES NO		

### PARENT INFORMATION

Name (Primary Contact): _____	
E-mail address: _____	Cell Phone: _____
Name (Secondary Contact): _____	
E-mail address: _____	Cell Phone: _____

### PLEASE READ CAREFULLY BEFORE SIGNING!

In auditioning for our productions, we ask that you acknowledge that if cast in a production you will conduct yourself accordingly with our rules at any and all times in which you are representing FACT, including but not limited to, rehearsals, publicity events, costume fittings, interviews, performances and receptions.

I have read, understand and accept and will abide by its terms if used in any role, whether cast, crew, or volunteer. I understand that FACT is the final interpreter of this statement and as such, may terminate my involvement at any time it deems my conduct or actions to be in any way non-compliant.

If, based on this audition, I am selected for any role, I will be available for, and present at, all rehearsals and performances at the scheduled times.

Actor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_