



# Audition Form

# \_\_\_\_\_

Fill the top portion of this form out completely; Have child bring **form** and **entire payment** in to the audition room when their number is called. Do not take a number until your form and payment are ready. Auditions will be recorded solely for the purpose of casting. The entire participation fee is due at the time of the audition (all fees are non-refundable). We accept cash, checks made payable to Performing Arts Inc, MasterCard or VISA.

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Previous Theater Experience: \_\_\_\_\_

\_\_\_\_\_

Are you currently taking dance lessons?  Yes  No Previous Dance Experience: \_\_\_\_\_

\_\_\_\_\_

Are you currently taking vocal lessons?  Yes  No Previous Vocal Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ATTENDANCE AT **ALL** REHEARSALS IS EXPECTED. ALL DRESS REHEARSAL AND PERFORMANCES ARE **MANDATORY**. FAILURE TO ATTEND REHEARSALS ON A REGULAR BASIS, AND/OR FAILURE TO LEARN LINES/BLOCKING IN A TIMELY FASHION COULD RESULT IN ROLE(S) BEING RECAST. THE ENTIRE FEE IS NON-REFUNDABLE. THERE WILL BE NO EXCEPTIONS TO THE NON-REFUNDABLE POLICY. I AUTHORIZE VIDEO AND/OR PHOTOGRAPHY DURING REHEARSALS TO BE USED FOR MARKETING PURPOSES. TICKETS AND COSTUMES ARE NOT INCLUDED IN THE PARTICIPATION FEE. **Parent signature acknowledging these requirements and expectations required.**

REHEARSAL PREFERENCE:

X \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature

X \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature

Please do not fill anything out below this line

Vocal
Acting
Notes
Casted as: _____

**Payment**

**Amount:** \$ \_\_\_\_\_

Cash

Check # \_\_\_\_\_

Credit Card