

Photo will be attached here

#

STAGESTRUCK: THE YOUNG PEOPLES THEATRE -- AUDITION FORM

STUDENT'S NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE (please include):** _____

DATE OF BIRTH: / / **E-MAIL:** _____

HOME PHONE #: _____ **STUDENT'S CELL PHONE:** _____

T-Shirt Size: (Check or circle youth/adult and your size below) **HEIGHT:** ft in **WEIGHT:**

Youth	Adult	Small	Medium	Large	X-large
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Pants size: **Shoe size:**

SCHOOL: _____ **GRADE LEVEL:** _____

IF IN HIGH SCHOOL, ANTICIPATED YEAR OF GRADUATION (for our records): _____

DO YOU HAVE A BROTHER OF SISTER AUDITIONING FOR THIS SHOW? **YES** **NO**

NAME(S): _____

MOTHER'S NAME: _____ **FATHER'S NAME:** _____

WORK NUMBER: _____ **WORK NUMBER:** _____

CELL: _____ **CELL:** _____

EMAIL: _____ **EMAIL:** _____

***Indicate best method of contact by placing an asterisk beside the number and email.**

Prime contact email (if different from parent): _____

HAVE YOU HAD THEATRE EXPERIENCE BEFORE:	YES	NO
HAVE YOU HAD STAGESTRUCK EXPERIENCE BEFORE:	YES	NO
ARE YOU INTERESTED IN TECHNICAL THEATRE:	YES	NO

Experience in Performing (You may simply name the last five programs)	
NAME OF SHOW(S) (or type of program)	ROLE(S) PLAYED

Name a role in this production in which you are particularly interested.

Will you accept a different role, if that is where we cast you?

_____ (STUDENTS NAME) is hereby given permission to audition for StageStruck.

I acknowledge, as parent or guardian, that I am familiar with the content of the production, the rehearsal time involved, the performance schedule, and the need to provide adequate transportation to and from rehearsals and performances.

My child is a resident of Wayne County or a contiguous county of Wayne and/or is a student in Wayne County or a contiguous county school between kindergarten and twelfth grade.

As a parent, I understand that I or members of my family will serve as a STAGE PARENT and will be a participating member of a volunteer committee. I understand that the success of this production depends on the participation from cast members and adult volunteers.

DATE

SIGNATURE OF PARENT OR GUARDIAN

THE FOLLOWING NEEDS TO BE READ AND INITIALED BY PARENTS AND STUDENT

____--____ We understand that there is a \$100 lost script fee.

____--____ We understand that we may be asked to provide some parts of the costume.

____--____ We understand that there may be mandatory rehearsal weekends and each cast member is required to attend. If there is a conflict with scheduling we should not audition for this production.

____--____ We understand that each cast member is required to be at all dress rehearsals and performances, including the school performance.

____--____ We understand that StageStruck will not be able to cast every child who auditions. Many factors are considered in the casting process. The deciding factor is not always talent, but can at times be age, gender, size or even hair color. I will speak to my child about the possibility of not being offered a role in the show before the cast announcements are made.

____--____ We understand that no one is allowed to post videography/recordings onto any site whatsoever on the internet. Any such action may infringe upon intellectual property rights of the company from which we purchase rights to the production. Such incidents may result in legal actions.

Do you have any dates that conflict with rehearsals and/or performances of this production? If so list:

DATE

SIGNATURE OF PARENT OR GUARDIAN

SIGNATURE OF STUDENT