

ShowKids Invitational Theatre
AUDITION FORM

Name _____ Cast Member's Cell # _____

Grade in School _____ Age _____ Height(inches) _____

Parents' Telephone # _____

Mailing Address _____

City _____ State _____ Zip _____

List the part for which you would like to audition. _____

List any other parts for which you would like to be considered. _____

List any part(s) you **DO NOT** want. _____

Would you like to audition for an understudy part (with the understanding that understudies **WILL NOT** perform)? Indicate part _____ YES NO

Are you willing to be double-cast? YES NO

Will you be available for **ALL** Tech Week rehearsals **AND** shows? YES NO

List ALL POSSIBLE rehearsal conflicts:
(Rehearsals-Fri. nights, Sat. between 10AM-6PM, & Sun. between 2-7PM)

We will attempt to work around **ONE ACTIVITY** (i.e. high school show, sport, band, choir etc.)
List this ONE ACTIVITY (with dates).

Parents please read and sign.

- I understand that once my child auditions there will be **NO** refund of tuition.
- I have read and reviewed with my child his/her responses concerning understudies, double casting, Tech Week & show availability and possible conflicts.
- I understand that **ball playing, roller blading, running and other PHYSICAL ACTIVITIES are NOT ALLOWED at rehearsals AND performances. Eating is NOT allowed during performances unless special permission has been given due to a medical condition.**

PARENT'S SIGNATURE _____