

Welcome to The Belfry Theatre

Staple Picture Here

AUDITION/CONTACT FORM

Please fill out as much of the requested information below as possible, o circle the appropriate choice where applicable. PLEASE PRINT CLEARLY

Name:			Addres	ss:		
City:	State:		Zip:	Phone:		
Email Address:			Date of Birth	Age:	Height:	Weight:
Cell phone:						
NOTABLE PREVIOUS PER	FORMANCE EXPERIEN	CE OR ROLES				
		COMPANY	′		YEAR	
		COMPANY	,		YEAR	
		COMPANY	′		YEAR	
		COMPANY	′		YEAR	
Role you are auditioning 3 rd choice			2 nd c	hoice		
Would you consider othe	r roles? YES	NO	Would you co	onsider playing a ro	le of the opposite	sex? YES NO
Would you accept an ens	emble role? YES	NO	Are you willi	ngl to play an unde	rstudy? YES NC)
Do you have any music o	r dance training? YES	NO	Do you play a	an instrument?	YES NO	
Would consider coloring	your hair? YES	NO				
Vocal range: (please circl	e) Alto Soprano	Bass Barito	one Tenor	Other		
OTHER OPPORTUNITIES	WITH US:					
STAGE MANAGER LIGH	TBOARD SPOT LIGHT	SPECIAL EFFE	CTS RIGGING/F	LYING PROPS SE	WING/COSTUMES	SET BUILDING
SET PAINTING FRONT C	F HOUSE PUBLIC REL	ATIONS PHO	TOGRAPHY CHO	OREOGRAPHY HAIF	R/MAKEUP PUPP	ETEER
ANY CONFLICTS AT THIS	FIME? If so please list of	dates of confli	cts.			

Welcome to The Belfry Theatre



Date

Permission to Use Name, Pictures, or Other Identifying Information



There are times when Play Directors and Board Members feel it is appropriate to recognize cast members and their work in a public forum. Examples of such recognition include but are not limited to publishing actor's names, photographs, and/or displaying aspects of their work on the HCTG website and/or other media. Cast members photos, likeness, may also be used in promotional posters and/or printouts. These printed documents will be used to promote the theater either by promoting the pay directly or HCTG as a whole.

By signing below you agree to allow HCTG to use your photo on however they see fit for the betterment of the HCTG.	or likeness in the above described material
Signature	
Date	
If under 18, please have Parent or Guardian sign below:	
Parent/Guardian Signature	
Date	
If Actor is under 18, I further understand that <i>One Flew Over t</i> elements and language might not be suitable for younger chil actor to audition and should said actor be cast, to perform in	dren. By signing below I give permission for this
Parent/Guardian	