



Audition Form

Personal Information

First Name _____		Last Name _____	
Address _____		City, State Zip _____	
Phone(s) _____		Email _____	
Height _____	Age _____	Hair Color _____	Eye Color _____

Experience/Schedule

Vocal Range (if musical) _____

Dance Experience (if musical) _____

Previous Experience (Name of Show, Part, Director - Please Limit to 3)

1. _____

2. _____

3. _____

Any medical/physical conditions we should be aware of? _____

Please list any times during the week, including weekends, that you are NOT available for rehearsal. Also list any special commitments. Questions or video auditions may be directed to production@twcp.net.

Agreement

If under 18, to be initialed and co-signed by a parent or guardian.

I have listed **ALL CONFLICTS**. I understand that if I am cast in this play, it is with these conflicts in mind. I also understand that attending all rehearsals is mandatory and that missing rehearsals may result in my replacement in the cast. I understand that exceptions will be made only with the approval of the director. I further understand that as part of this production I may be asked to take part in non- performance work, such as set strike.

_____ Yes _____ No Initials _____

I give TWCP permission to use my name and likeness in publicity endeavors which include publications and the Internet.

_____ Yes _____ No Initials _____

I certify that I have read and accept the policies listed above and provided accurate information to the best of my ability.

Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

TWCP Use

Date: _____

Audition Number: _____

Production: _____