



AUDITION INFORMATION – ADULT

Please fill in legibly.

Name _____

Age: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Employer (if applicable) _____

Home Address _____

City _____ State _____ ZIP _____

Cell Phone _____ Work/Home Phone (Circle) _____

Personal Email _____

TRAINING

Please list previous plays; theatre education, classes, camps; vocal dance training; musical instruments, etc.
Use back of sheet if needed.

RCT OPPORTUNITIES

Are you interested in Volunteering at RCT?

Please fill out our Volunteer Sign Up Sheet and let us know what you are interested in doing!

CONFLICTS

Please list ALL CONFLICTS with REHEARSAL or PERFORMANCE SCHEDULE

Please refer to the Production Breakdown Sheet for Rehearsal and Production Information

Specific Dates & Times _____



Regularly Scheduled Conflicts

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

If cast in a RCT production, the actor must be available for all rehearsals, performances, costume fittings, photo calls, media or press appearances as scheduled by the Artistic Director, Stage Manager or Company Manager. *(ALL conflicts must be agreed upon between Company Manager and/or Artistic Director at least 2 weeks before the first rehearsal of production).* Actor must be responsible for all transportation to and from all rehearsals and performances. Actor will be responsible for all insurance coverage and understands that Roanoke Children's Theatre shall not be liable during rehearsal or performance of the production in which actor is cast. Roanoke Children's Theatre has the right to actor's name, biography, photographs, likeness or recorded voice or video for promotional purposes by any means or medium.

Signed _____ **Printed Name** _____

Date _____