



AUDITION APPLICATION

Name _____

Email _____

Address _____ Phone- Cell _____

City / Zip _____ Phone- Home _____

If cast, contact information is distributed to the Production Staff, please indicate below if you give permission for this information to also be distributed to the Cast: **Yes:** _____ **No:** _____

Do you have a Facebook account? **Yes:** _____ **No:** _____
(Most Directors set up a group page for communications)

Can you read sheet music? **Yes:** _____ **No:** _____
(Not a requirement)

If cast, do you give permission for PCT to publish photos of you for publicity purposes: **Yes:** _____ **No:** _____.

Would you like to be added to PCT's database to receive future emails regarding shows and auditions: **Yes:** _____ **No:** _____

Desired Role(s): _____ Will you accept any role? **Yes:** _____ **No:** _____

Dance/Singing Experience (if any): _____

Special Performance Skills (i.e. Juggling, Guitar Playing, Handstands, Gymnastic etc.): _____

Vocal Range: Bass/Baritone _____ Tenor _____ Alto _____ Soprano _____

Previous Experience (or attach resume)

Show/Role	Theatre Company	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any other information you would like to share with us?

Workshops (Check areas you or your parent can help with – 10 hour minimum) **NOTE:** All cast must help with load-in/strike.

Set/Painting _____ Props _____ Costumes _____ Other (publicity, hair/makeup) _____

Conflicts: (Please list any scheduling conflicts for the rehearsal period)



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Acknowledgement of Risk and Waiver of Liability

As cast, crew, volunteer (or legal guardian for the minor(s) listed on this form) I consent to participation in the PCT production. I realize the potential for injuries, including permanent paralysis or death, when participating in any activity involving motion and/or height. I understand that it is the intent of PCT to provide for the safety and protection of all participants, and injuries may still occur.

In consideration for volunteer participation in PCT's events and productions, I hereby forever release Pittsburg Community Theatre, its board of directors, and production staff from all liability, and for all damages and injuries occurring during the rehearsal process, build workshops, run of the production, or publicity event(s) hosted or sponsored by Pittsburg Community Theatre.

I hereby agree to individually provide for the possible future medical expenses which may be incurred as a result of injury sustained while building, rehearsing, or performing for PCT.

In the event of illness or injury, I give my permission to the PCT staff trained in First Aid, as well as medical professionals, to administer emergency medical treatment.

I understand that PCT may take pictures/video of its participants for use with their marketing and website.

PCT is not responsible for any personal items that may be lost, damaged, or stolen during the rehearsal process, build workshops, run of the production, or publicity event(s) hosted or sponsored by Pittsburg Community Theatre.

Agreement

By signing this form, I agree to all membership and participation terms as listed on the information sheet.

Application and Headshot

Please bring this completed application and headshot to your initial audition.

Signature: _____ Date: _____

Note: If applicant is a minor (under 18) Parent or guardian must sign and provide contact information.

Signature: _____ Date: _____

Name of Parent (printed): _____ Phone Cell: _____

Parent Email: _____ Phone Home: _____