YARDLEY PLAYERS THEATRE COMPANY AUDITION APPLICATION

Name of Show:
Applicant's Name: AGE:
Parent's Name (if under 18):
Street Address:
City: State: Zip Code:
Home Phone: () Work or Cell Phone: ()
Email Address (johndoe@sample.com):
Vocal Part: ☐ Soprano 1/ ☐ Soprano 2/ ☐ Mezzo/ ☐ Alto/ ☐ Tenor/ ☐ Baritone / ☐ Bass
I (or my child) hereby agree to participate in this production and I will assist in it. I understand that I (or my child) will be around set pieces and equipment and will not hold Yardley Players or Kelsey Theatre liable for any mishaps that may occur during rehearsals or performances. I understand that I (or my child) will be expected to attend all rehearsals except those noted on this form and I will submit any conflicts to the director, in writing, in advance of any absence.
Signature: Date:
Role that I am interested in:
I will accept another role? ☐ Yes / ☐ No
Please list any schedule or vacation conflicts:
I am currently a member of Equity or Sag? Yes / No
I am cast in another show during this rehearsal and/or performance time period? Yes / No
If yes, name and dates of the production:
I have read the list of policies necessary for participation in Yardley Players' production and I am aware that videotaping of the auditions will be done to help the director choose the most appropriate people for each of the roles available.
Signature:
Parent's Signature (if under 18):
Child's name: