



Thalian Association Children's Theater

Audition Form

Some applicants may be asked to stay later today to read with a different age group

Full Name: _____

Gender: Male/Female Age: _____ Date of Birth: _____ Grade: _____

Your Email: _____ Your Phone: _____

Parent's Name: _____

Parent's Email: _____ Parent's Phone: _____

Are you auditioning for a certain role? _____ Would you accept a different role? _____

Are you interested in working a tech role? _____ If so, what? _____

Theatrical Experience and Training (dance, voice, acting, etc. or attach your resume): _____

Special skills (Juggling, gymnastics, instruments you play, etc.): _____

Additional information we should know about you: _____

How did you hear about this audition?: _____

Please list all conflicts between now and the date of the show (include times). Due to a short production schedule, applicant must not miss more than 3 rehearsals. _____

By completing this application, the applicant agrees to behave in a professional and respectful manner at all times or will be asked to leave the production.

By signing this form, I give my child permission to participate in this activity. I acknowledge and accept the fact that The Thalian Association Children's Theatre, the Hannah Block Historic USO/Community Arts Center and the City of Wilmington are not liable for any personal loss or injury to my child or myself while involved in any and all aspects of this activity until the time such activity is completely concluded.

Signature: _____ Date: _____

OFFICE: STAGE MANAGER CONFIRMATION: (make sure everything is legible, then initial each)

ALL EMAILS _____ PHONES _____ ADDRESS _____ DOB _____ EXPERIENCE _____

OFFICE: DATA ENTRY CONFIRMATION: (make sure everything is legible, then initial each)