

## **Thalian Association Children's Theater**

## **Audition Form**

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

and all aspects of this activity until the time such activity is completely concluded.	Full Name:				
Parent's Name: Parent's Email: 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: Date:	Gender: Male/Female Age:	Date of Birth:	Grade:		
Parent's Email:	Your Email:	Your Phone:			
Parent's Email:	Parent's Name:				
Are you interested in working a tech role? If so, what?					
Theatrical Experience and Training (dance, voice, acting, etc. or attach your resume):	Are you auditioning for a certain role?	Would you accept a different role?			
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Additional information we should know about you:	Theatrical Experience and Training (dance,	voice, acting, etc. or attach your resume	):		
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	Signature:	Da	Date:		
ALL EMAILS PHONES ADDRESS DOB EXPERIENCE	OFFICE: STAGE MANAGER CONFI	IRMATION: (make sure everything is legible, i	then initial each)		
	ALL EMAILS PHONES	ADDRESS DOB	EXPERIENCE		