

BRIGHT STAR

Audition Form / Grandstreet Theatre

NAME: _____

MAILING ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: CELL()____-_____ HOME()____-_____

E-MAIL: _____

PREFERRED PRONOUNS: _____

BIRTHDATE: Month_____ Day_____ Year_____

EMERGENCY CONTACT: _____ PHONE: _____

HEIGHT: _____

Do you read sheet music? _____ YES _____ NO

Are you comfortable singing harmonies? _____ YES _____ NO

Would you be willing to consider non-permanent alterations to your appearance if cast in the show, for example; shaving your face or cutting your hair? _____ YES _____ NO

If not cast in the show, would you like to volunteer backstage or run the light board? _____ YES _____ NO

Are you available for a potential callback on:

Wednesday, January 11th (evening) _____ YES _____ NO

Thursday, January 12th (evening) _____ YES _____ NO

Please list up to 4 of your most recent roles (or attach resumé):

SHOW TITLE	ROLE

In the space below, please list and briefly describe any major scheduling conflicts between February 13th and May 7th.

CONFLICT DATES: _____

In the space below, please list and briefly describe any recurring weekly obligations when you would be UNAVAILABLE to rehearse in the evenings. For example: “work until 6:30, arrive by 7:00” or “dance class every Tuesday night at 8:00”

SAT	SUN	MON	TUE	WED	THU	FRI

PHOTO RELEASE FORM

I hereby grant Grandstreet Theatre permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of Grandstreet Theatre and will not be returned.

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I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature) (Date)

(Printed Name) (Date)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:
I hereby certify that I am the parent or guardian of _____, named above,
and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature) (Date)

(Parent/Guardian's Printed Name)