

El Reno Community Theatre
Audition Form

Are you auditioning for a particular role?

(Please circle)

Yes

No

If yes, which role?

Will you accept any role?

(Please circle)

Yes

No

If No, please explain: _____

Name of Show

Name _____ Audition Date _____

Age _____ Birth Date _____ Male/Female _____

Address _____ Home Phone _____

Email _____ Cell Phone _____

Theatrical Experience (if any) _____

Please list all weekly conflicts? (Days/times) _____

List any other date(s) which you will not be available for rehearsal _____

Would you be interested in performing during scene changes (playing an instrument or singing)? If yes and you are cast in the production, we will make arrangements for you to do both. Yes No

If you are cast, can we distribute your name/email/phone to the cast and crew? Yes No

Height _____ Hair color _____

By signing this form I agree to be on time and prepared for every rehearsal, unless previously notified or in the event of an emergency. I understand that the props, costumes, etc. belong to the El Reno Community Theatre and are to be turned in at the conclusion of the production.

Auditioner's Signature _____

Media Release Form
(Must be completed and signed)

Show: _____

Location: El Reno High School Auditorium, El Reno, OK

I grant El Reno Community Theatre, its representatives the right to take photographs and/or video of me and my property in connection with the above-identified subject. I authorize El Reno Community Theater, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that El Reno Community Theatre may use such photographs and/or videos of me with or without my name and for any lawful purpose, including, for example, such purposed and publicity, illustration, advertising, and web content.

I have read and signed the above:

Signature _____

Printed Name _____ **Date** _____

Signature of parent or guardian (If under age 18) _____

Youth Rehearsal Permission Form (Age 15 and under)

(To be completed, signed by parent or guardian, and returned to Stage Manager within one week of the start of rehearsals)

Parent's Name _____

Home Phone _____ Work Ph. _____ Cell Ph. _____

_____ (*child's name*) has my permission to participate in the El Reno Community Theatre's production

of _____ (*name of play*). This

permission includes all rehearsals and performances. I will be responsible for organizing transportation for him or her for all rehearsals and performances. I will make sure that he or she has a ride within 15 minutes of the end of each rehearsal or performance. I will call or email at least **one** hour on advance if my child cannot attend a scheduled rehearsal for reasons other than scheduled conflicts.

Parent's Signature _____