



Audition Information Form

Name _____ Age _____ Gender _____ Photo # _____

Email _____ Phone _____

Does the participant have any allergies, medical issues or anything else we should know about?

Emergency Contact –
Name _____ Relationship _____ Phone _____

Previous Experience and Training (you may provide a resume instead):

Please list any conflicts you may have between now and **MAY 24** including your work schedule

What parts are you interested in auditioning for? (you may audition for more than one)

Agnes *Penny* *Mary Anne* *Hannah* *Paul*

If not cast, would you be willing to help with the production in other ways? (circle one) Yes No

Crew Positions Available (Please Circle any interested in):

Stage Manager Lighting Design/Crew Set Design/Builder Backstage Crew Asst. Director

Costume Designer/Dresser Sound Designer/Crew Projection/other tech Make-up Design/Tech

Release

By signing this form I hereby assume full responsibility for my or my child's participation in this program and I release all members of Riot Act, Inc.'s staff, Board of Directors and volunteers from any liability for personal injury or property damage sustained while participating in a Riot Act program.

Photo Release

I grant permission for photographs taken in Riot Act, Inc. classes to be used by Riot Act for promotional purposes. I understand that no personal information will be associated with any photographs without my consent and that no compensation is offered. I also understand that all photographs taken by Riot Act are the property of Riot Act.

Signature

Printed Name

Date

Would you like to be added to our email mailing list? (circle one) YES NO ALREADY ON IT