



Name of Show: _____

Director: _____

Theater Arts for Children Audition Form

Please fill out this form and the TAC Audition Record form completely. Be sure your parent(s) information is complete and current in case any changes in the schedule occur or if we need to reach someone at work. Thank you!

TODAYS DATE _____ / _____ , 200_____ Home Phone Number _____

NAME: _____ AGE: _____

Address: _____ , Email _____

Parent's Name and Daytime Phone _____

What are you wearing to audition today _____

ROLE(S) DESIRED: _____

Will you take any role? _____ Will you work backstage? _____

List any theater experience outside of Theater Arts for Children. Please include your role, where it was, the year of the show and the director's name.

Please list any conflicts during the rehearsal schedule (Please be very specific with times and dates).

Theater Arts for Children would like to publish pictures from our performances including images of the actors and the set. Pictures may be published on our web site and/or in print media. Theater Arts for Children does not provide compensation for the right to use these pictures. Please indicate your release from compensation and your permission to use your or your child's picture in our media by your signature below. Your choice to give or not give release and permission will not be taken into consideration during the audition.

Signature of Adult Actor OR Parent's or legal guardian's signature giving release and permission to Theater Arts for Children to use pictures of their minor child in Theater Arts for Children media publications. _____ Dated _____

***** PLEASE DO NOT WRITE ON THE BACK OF THIS FORM *****