GREER CHILDREN'S THEATRE



Name			
Parent(s) Name			
Street Address			
City		State	Zip
Home Phone		nee's Cell	
Parent(s) Cell			
Auditionee's Email			
Parent's Email			·
School	Grade		
Male Female Ethr	nicity	Age	
Height Eye	Color	Hair Colo	r
Role(s) Desired Will you accept any role if cast? Can you tap dance? How many Do you have any special skills/talents?	years? Can you	tumble?	How many years?
Please see attached calendars and no scheduled rehearsal dates. Every effo production team has prior knowledge listed that cause a cast member to be production. No conflicts of any kind w	te below ANY AND A rt will be made to acc . Any conflicts listed w absent from rehears <u>a</u>	LL CONFLICTS thommodate confill be considered	nat you have with the licts, so long as the d "excused". Conflicts not r removal from the

_	27 – November 8 and are typically Mondays, Tuesdays, and ay mornings. Performances are November 9, 10, 11 and 16, 17, 18.
Please list any production experience	you have had within the last two years and where:
Please list any music, dance, or theat	rical training/classes you have received and where:
FOR ALL AUDITIONEES:	
accept the role, I am making a comm production MUST be able to fully con November 18, 2018. All cast member	a part in the play takes a significant commitment of time. If I nitment to the entire production team. All cast members for this mmit to rehearsals and performances until the show closes on ers or a family member will be responsible for 15 hours of a. I understand that no conflicts of any kind will be honored after I functions are an exception).
INITIALS ()	PARENT INITIALS if under 18 ()
Also, we ask for the \$60 cast fee to b	ion to fill out and bring to the parent meeting (August 27, 2018). Dee paid at this time (please come and talk to Robin or Teresa if this Dee tickets to the show, makeup kit, and costumes (except shoes
INITIALS ()	PARENT INITIALS if under 18 ()
Signature	Date
Parent Signature (if under 18)	