

POLLARD THEATRE AUDITION INFORMATION

ATCC (RUNS Nov. 24 – Dec.23, 2017)

Name: _____

Parent/Guardian Name: _____

Primary Phone: _____ Alternate Phone: _____

Address: _____

Email Address: _____

PERSONAL

Male / Female (please circle one)

Age? _____

Height _____ Weight _____ Shoe Size _____

Is your schedule flexible? _____ *Is your transportation reliable?* _____

Please list any and all scheduling conflicts (graduations, weddings, work, school, etc...) that may occur during the rehearsal or performance schedule below or on the back of this sheet.

Please attach a resume or list relevant academic and/or professional experience below or on the back of this sheet.

I, _____, give permission for my son or daughter (listed above) to participate as a performer at the Pollard Theatre in the 2017 production of *A Territorial Christmas Carol*. I understand that the Pollard Theatre staff will make every effort possible to insure that my child's experience will be as educational and rewarding as possible. I also understand that I am committing my time (as well as my child's time) for the rehearsal process and performances as well as a guarantee that my child will have transportation to and from the Pollard Theatre.

Child Signature

Date

Parent/Guardian Signature

Date