



Audition Form

Show: _____

Please Print Neatly

Full Name: _____

Street Address/P.O. Box: _____

City/State: _____ Zip Code: _____

Phone: _____ Email: _____

Sex: ____ Age: ____ Height: ____ School Attended: _____

Past Experience:

Show _____ Role _____

Show _____ Role _____

Show _____ Role _____

Have You Read The Script? Yes No

Preferred Role: _____ Will You Accept Any Role? Yes No

Please list your extra talents (dance, acrobatics, drumming?):

Rehearsal Conflicts: (Please List ALL conflicts)

Photograph & Video Release

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on digital photo, audio or videotape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears.

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in public settings. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against The Mansfield Playhouse for utilizing this material for the intended purposes.

Signature _____ Date _____

If this release is obtained from a participant under the age of 18, then the signature of that participant's parent or legal guardian is also required.

Parent's Signature _____ Date _____