

# LCAA Theatre Arts Program

## Audition Form for Cast Members

Name \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Preferred Method of Contact: (circle one)                      Phone                      Email

Tell us about your previous performance experience (acting, singing, dancing, etc...) and/or any special skills you have (juggling, tumbling, martial arts, etc...)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any and all roles that specifically interest you *or* check “**Any role**” if you will accept any role.

1. \_\_\_\_\_ Any role \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### CONTRACT

All participants in the production will be required to uphold a high standard of commitment. The following requirements are expectations for everyone who is a part of the current production.

#### **All Participants must:**

- Attend all mandatory rehearsals, set builds, strike, and performances
- Notify the designated person if unable to attend
- Respect materials and rehearsal/performance space
- Be kind, safe, responsible, and respectful
- Work with focus, determination, and positive attitudes
- Be OFF BOOK (*have all parts memorized*) by the date set by the director

*I have read the contract above and I agree to uphold the expectations of participation in the current production*

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

#### **To be completed by parent/guardian if participant is under the age of 18:**

*I have read the contract above and I, as the parent or guardian of this participant, agree to support and enable his/her participation in the current production.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please let us know below about any special needs we need to be aware of to ensure successful participation in our program. This is for internal purposes only and will not affect casting.

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I, \_\_\_\_\_ (*print name*), authorize the Liberty Center Association for the Arts, Inc. to use photographs or videos of me with or without my name in any medium the aforementioned organizations see fit for the purposes of advertising, display, audiovisual, exhibition, or editorial use.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Signature (if under 18) \_\_\_\_\_

Please write in **any** conflicts that might prevent you from attending rehearsals/performances from **February 19<sup>th</sup> through May 5<sup>th</sup> 2024**.

**Weekly Conflicts:**

*Examples-- piano lessons every Tuesday from 2-3p.m., work until 6p.m. Monday through Friday...*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Any other conflicts:**

*Examples-- out of town competition October 26-28, family trip November 1-8, doctor's appointment at 1:30p.m. September 23...*

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**Thank you for completing the audition form and thank you for your interest in the theatre arts!**