



AUDITION FORM

Please complete in advance of audition and bring with you to the audition.

CONTACT INFORMATION

Name: _____
 Phone: _____ Email: _____
 Address: _____
 Emergency Contact: _____ Contact's Phone: _____

PERSONAL INFORMATION

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
 Birth Date: _____ Age: _____ Age Range You Can Play: _____
 Vocal Range: (Check All That Apply) Soprano Alto Tenor Baritone Bass

Role(s) for which you're auditioning: _____

If you are not cast in the role(s) of your choice, are you willing to accept any role? Yes No

If not cast in the show, are you willing to help out in other aspects of the show? Yes No

Please list the dates of any one-time (single date/event) conflicts: _____

Please list any standing (ongoing; weekly/daily) conflicts: _____

On a typical day, when can you arrive to rehearsal? And when must you leave?

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ARRIVE BY					
LEAVE BY					

Theatrical experience (continue on back or attach a resume, if desired):

NAME OF SHOW	ROLE CAST	THEATRE	MONTH/YEAR

Special skills (juggling, dancing, accents, magic, dance, musical instrument, etc.):



PHOTO RELEASE FORM

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For good and valuable consideration, the receipt of which is hereby acknowledged,

I, _____, hereby grant the Harnett Regional Theatre permission to use my likeness in a photograph in any and all of its publications, including but not limited to all of Harnett Regional Theatre's printed and digital publications. I understand and agree that any photograph using my likeness will become property of Harnett Regional Theatre and will not be returned.

I acknowledge that since my participation with Harnett Regional Theatre is voluntary, I will receive no financial compensation.

I hereby irrevocably authorized Harnett Regional Theatre to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Harnett Regional Theatre's programs for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy where in my likeness appears. Additionally, I waive any rights to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge Harnett Regional Theatre from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or other persons acting on my behalf or behalf of have or may have by reason of this authorization.

Printed Name: _____

Date: _____

Signature: _____

Guardian Signature (if under the age of 18):
