



## Falls Patio Players Audition Form – Glorious!

Audition # \_\_\_\_\_

Name \_\_\_\_\_

Age: \_\_\_\_\_ or  Over 18

Height: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

List specific role(s) you are interested in: \_\_\_\_\_

Will you accept another role ? \_\_\_\_\_

Check if interested in helping with crew/ set construction when not scheduled for rehearsal

Check if you have a family member interested in crew/set construction

Check if you would like to be added to Patio's Email List

Please tell us how you learned about the audition: \_\_\_\_\_

List ALL rehearsal conflicts August 19, 2019 through September 26, 2019:

Please list previous experience (show, date, role, company, director) and any formal training (such as dance, voice, acting – type, years, instructor, school). Continue on the back or attach a separate page, if necessary.

Audition# \_\_\_\_\_

Name \_\_\_\_\_

Please acknowledge the following by providing a signature below:

Cast Members will be required to join the Fall Patio Players. Our annual membership fee is \$10.00 per individual or \$20.00 per family.

Permission is granted to Falls Patio Players to use my/my child's image in photos and videos to promote the organization. (Strike if permission is denied)

I understand that I (or my child) have requested to participate in a program sponsored by the Falls Patio Players, Inc. I further understand that with my/our acceptance and participation there is some inherent risk, and I assume full responsibility for any injuries incurred by me/ my child while participating in this program.

Participant's Name: \_\_\_\_\_

Signature of Participant or Consenting Adult: \_\_\_\_\_

Date: \_\_\_\_\_