



#

Magic Tree House

JT on Tour

Name _____	Parent's Names _____
Age _____	Height _____
Weight _____	Hair Color _____
Gender Identity _____	
Address _____	City _____
Zip _____	
Parent Phone _____	Parent Email _____

Role(s) Desired:

Will you accept any role? Yes No

If not cast, are you interesting in crewing? Yes No

List the JT class or camp you have enrolled in to qualify you for auditioning: _____

List your last JT production as a Cast Member: _____

List your last JT production as a Crew Member _____

List your most recent JT Instructor: _____

Previous Performance Experience- List most recent first:

Show	Role	Company	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VOCAL/ DANCE TRAINING

SPECIAL SKILLS

PLEASE SEE ADDITIONAL INFORMATION ON BACK

CONFLICTS

**You may not miss ANY performances or the last two weeks of rehearsals.
Conflicts during the below rehearsals may result in not being cast in the production:
Final Rehearsals: December 27th through January 4th
Performances: Jan 5, 6, 7, 9, 12, 13, 14, 17, 19, 20, 21**

Please list and explain any potential conflicts. **Include all JT classes, camps, or aide sessions**, as well as school activities, lessons, vacations, and other outside activities. Students will be excused from rehearsals for all JT classes/camps/aide sessions leading up to the last weeks of rehearsal. Rehearsal will generally be held Mon-Fri from 4-6p.

PARENT INFORMATION

I understand that once my child has auditioned there is no refund or tuition credit given.

I realize that if my child is chosen for a part I will be responsible for making sure he/she attends every rehearsal called for or will notify the Production Manager/Stage Manager in case of illness or emergency. Absences from rehearsals or performances are not tolerated unless cleared in advance with the Director and Production Manager.

I understand that Junior Theatre's productions cannot function without parent involvement, and every parent will be asked to help in some way. I would be interested in helping with the following committees:

- | | |
|---|---|
| <input type="checkbox"/> Production Chairperson or Co-Chairperson | <input type="checkbox"/> Box Office/Will Call |
| <input type="checkbox"/> Refreshments | <input type="checkbox"/> House Manager |
| <input type="checkbox"/> Curbside Pickup | <input type="checkbox"/> Lobby Decoration |
| <input type="checkbox"/> Parent Monitors | <input type="checkbox"/> Memory Book |
| <input type="checkbox"/> Opening Night Reception | <input type="checkbox"/> Load-In/ Strike |
| <input type="checkbox"/> Strike Dinner | <input type="checkbox"/> Costume Construction |
| <input type="checkbox"/> School Show Meals | <input type="checkbox"/> Scenic/Prop Construction and Paint |

Parent Name (Please Print)

Parent Signature

Daytime Phone Number

Email

List your Local Community Newspaper or Publication

Are you a member of the Junior Theatre Auxiliary?

Yes No

If NO, Would you be interested in joining the Junior Theatre Auxiliary? Yes No