

NAME

EMAIL

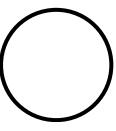
ADDRESS.

**STUDENT** 

EMAIL\*

CITY





THIS IS THE NAME THAT WILL BE USED FOR OFFICIAL SHOW DOCUMENTS, INCLUDING THE PROGRAM, LOBBY DISPLAY AND MEMORY BOOK.
PRONOUNS GENDER IDENTITY
AGE HEIGHT HAIR COLOR
GRADE SCHOOL
T-SHIRT SIZE (CIRCLE ONE): YM YL S M L XL 2XL PLEASE LIST ANY ALLERGIES:
ROLE(S) DESIRED:
IF CAST, WILL YOU ACCEPT ANY ROLE, INCLUDING ENSEMBLE/CHORUS?
ARE YOU COMFORTABLE BEING CAST IN A ROLE WITH A GENDER IDENTITY THAT DIFFERS FROM YOUR OWN? TELL US MORE (IF NEEDED):
LIST LAST TWO JT PRODUCTIONS AS CAST MEMBER:
LIST MOST RECENT JT PRODUCTION AS A CREW MEMBER:
LIST CLASS ENROLLED IN TO MEET AUDITION ELIGIBILITY:
PLEASE LET US KNOW IF WE SHOULD BE AWARE OF ANY MEDICAL CONDITION, DISABILITY OR OTHER SPECIAL CIRCUMSTANCE:
PARENTS / GUARDIANS CONTACT INFORMATION
NAME
PHONE
EMAIL @
NAME
PHONE

@

ZIP

@

\*IF YOU WOULD LIKE YOUR STUDENT INCLUDED ON COMMUNICATION EMAILS REGARDING PRODUCTION

## **CONFLICTS**

## LIST AND EXPLAIN <u>ALL</u> POTENTIAL CONFLICTS BELOW

INCLUDE JT WINTER SESSION CLASSES OR CAMPS, AS WELL AS SCHOOL EVENTS, LESSONS, VACATIONS AND ANY OTHER ACTIVITIES THAT WILL RESULT IN YOUR STUDENT BEING LATE OR ABSENT FOR ANY PORTION OF A REHEARSAL.

STUDENTS MAY NOT HAVE CONFLICTS WITH ANY PERFORMANCES OR MANDATORY REHEARSALS PER DATES LISTED BELOW.

LIST RECENT PERFORMANCE EXPERIENCE	LIST ANY VOCAL/DANCE TRAINING	
SHOW		
ROLE YEAL	R	
COMPANY		
	LIST ANY MUSICAL INSTRUMENTS PLAYED	
SHOW		
ROLE YEAR	R	
COMPANY		
CHOW	ADDITIONAL SPECIAL SKILLS	
ROLE YEA		
COMPANY		
DA DENIT/	CULA DINI ANI INTENDALATIONI	
PAKEN1/	GUARDIAN INFORMATION	
<u>READ AND SIGN BELOW</u>		
f I understand that once my child has aud	DITIONED THERE IS NO REFUND OR CREDIT GIVEN ON CLASS/CAMP TUITION.	
■ I UNDERSTAND THAT IF CAST, THERE IS A PRODUCTION FEE ASSOCIATED WITH MY STUDENT'S INVOLVEMENT IN THE PRODUCTION.		
I AGREE THAT IF MY CHILD IS CAST THAT I WILL BE RESPONSIBLE FOR MAKING SURE THEY ATTEND EVERY CALLED FOR REHEARSAL, AND THAT LAST-MINUTE CONFLICTS OR UNEXCUSED ABSENCES WILL JEOPARDIZE MY STUDENT'S PARTICIPATION IN THIS AND FUTURE PRODUCTIONS.  IN THE EVENT OF AN UNAVOIDABLE CONFLICT, ILLNESS, OR EMERGENCY, I WILL COMMUNICATE THE SITUATION AS SOON AS POSSIBLE TO THE DESIGNATED IT STAFF MEMBER.		
♣ I understand that parent volunteers are	RE VITAL TO THE OPERATION OF JUNIOR THEATRE'S PRODUCTIONS AND IN SOME WAY, INCLUDING FULFILLING A MINIMUM NUMBER OF	
PLEASE SELECT ALL THE AREAS YOU WOULI	D BE INTERESTED IN VOLUNTEERING FOR:	
☐ COSTUME CONSTRUCTION	☐ REFRESHMENTS/CONCESSIONS	
Costume Maintenance and Repair	Cast/Crew School Day Meals	
☐ PRODUCTION LAUNDRY ☐ SCENIC/ PROP CONSTRUCTION	STRIKE DINNER  LOPPY DESCRIPTION	
☐ SCENIC/ PROP CONSTRUCTION ☐ SCENIC PAINTING	☐ LOBBY DESIGN/ DECORATION ☐ MEMORY BOOK DESIGN/	
☐ SCENIC I AINTING	COORDINATION	
	G TO BE A COMMITTEE CHAIR FOR ONE OF THE ABOVE AREAS O YES NO	
I AM AVAILABLE/ INTERESTED IN VOLUNTEERING FOR THE PRODUCTION CHAIR POSITION YES NO		
Print name	SIGNATURE	
ARE YOU A MEMBER OF THE YES	S O NO  IF NO, WOULD YOU BE O YES NO INTERESTED IN JOINING?	
SDJT Auxiliary is the organization of parents an	nd volunteers who support, advocate, and fundraise for Junior Theatre, operating	

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