



#

Name _____ Parent's Names _____

Age _____ Grade _____ Weight _____ Height _____ Hair Color _____

Address _____ City _____ Zip _____

Parent Phone _____ Parent Email _____

Role(s) Desired:

Will you accept any role? Yes No

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

Who is / was your most recent JT Instructor?

Number of Class sessions taken at JT: _____

Number of times auditioned at JT: _____

Previous Performance Experience- List most recent first:

SHOW	ROLE	PLACE	YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Recent Junior Theatre Crew Assignments:

SHOW	ASSIGNMENT	YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vocal/Dance Training:

Special Talents:

(Attach Photo)

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:
Last two weeks of rehearsal: April 17-27th
Performances: April 28, 29 and 30, May 3, 5, 6, 7, 9, 12, 13, and 14.**

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.

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

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