



Audition #: _____

LCAA Audition Form Second Samuel

Name: _____

Parents' Names (if under 18): _____

E-Mail: _____

Mailing Address: _____

City _____ State _____ Zip Code: _____

Home Phone: _____

Cell: _____

Work #: _____

Age: _____ Height: _____ Hair Color: _____ Gender: M/F

Role Preference: (if no preference, write "any")

1. _____
2. _____
3. _____

Will you accept any role? Y/ N. If No, which ones will you not accept?

Do you have dance experience? Y/N If Yes, what type, how many years? _____

Are you willing to help with the show in other ways? Y/N

If so, in what capacity? (circle all that apply)

Set construction, Props, Costumes, Make-up, Ushering

Publicity, Lights/sound, Painting

Please list conflicts with the rehearsal/performance period: (April-June)

List previous theatre experience. Include classes, music/dance and acting experience. (use the back of this form if necessary).

Village Square Theatre

ACTOR CONTRACT

If I am cast in the above listed play, I agree to abide by all the rules and regulations of the Lexington County Arts Association and the Village Square Theatre. I understand that being in a play is a privilege and that a show is a group effort. Each person is equally responsible for the success of the show.

- I will not raise my voice in the theatre.
- I will listen to the director and to other staff members.
- I will not talk while the director is talking.
- I will raise my hand if I have a question or idea. I will be quiet backstage.
- I will respect the theatre building, the props, the set and the costumes.
- I understand that as a cast member it is my responsibility to help take care of any props/costumes that I handle.
- I will not run, climb, or generally act rough in and around the building.
- I will not eat or drink (except water) in the auditorium or dressing rooms.
- I will be on time for rehearsals.
- I will not miss a rehearsal without notifying the director, producer or stage manager.
- I will learn my lines and blocking on time.
- I understand that if I have too many unexcused absences I will be replaced.
- I will NOT miss a performance except under the most serious circumstances.

PHOTO RELEASE:

I (parent if under 18) _____, understand that any photos taken during rehearsals for this show will be used to publicize the production of this show and will be sent to newspapers, magazines, and published on the internet via our website and social networking pages. I give my permission for my photos (or my child's) to be used for this purpose.

By signing this contract and photo release, I understand all the rules and will abide by them. I understand that if I receive more than three warnings I may be replaced by another actor.

1. Signed: _____
(actor)

4. Signed: _____
(parent or guardian if applicable)

5. Date: _____