

AUDITION APPLICATION *parkway central high theatre*

Production: _____ *audition date:* _____

Name _____ Cell phone _____ Home phone _____ Email _____ Grade _____ Ac Lab _____	Female _____ Male _____ Age _____ Height _____ Hair _____ Eyes _____ Current GPA: _____ (previous semester) Currently enrolled in SIX classes? <input type="checkbox"/> YES <input type="checkbox"/> NO
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What role are you auditioning for? _____ Will you accept any role? <input type="checkbox"/> YES <input type="checkbox"/> NO Will you serve on a crew? <input type="checkbox"/> YES <input type="checkbox"/> NO	VOICE / SINGING: Soprano _____ Mezzo _____ Alto _____ Tenor _____ Baritone _____ Bass _____ Unknown _____ Can you Sight Read? _____
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Did you check the production information and rehearsal schedule? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Special Skills (stage combat, gymnastics, accents, etc.): _____ Dance Experience: _____ Acting Experience: _____

LIST ALL CONFLICTS: (any conflict that arises that isn't listed here, may NOT be honored) Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Weekend _____

<p><i>I cast, I understand that my parents and I will sign a CODE OF CONDUCT form and PRODUCTION CONTRACT and follow its guidelines set forth by Parkway School District and the PCH Theatre/PCH Music Departments. I understand there is a production fee and agree to pay it. I understand that if any additional conflicts arise that are not listed here, may NOT be honored. Finally, I agree to accept, WITH GOOD GRACES, the casting decisions of the director/s.</i></p> <p>_____</p> <p><i>Student signature</i></p>
