



Audition Form

General Information			
Actor Name:	 _		
	Preferred Pronouns	:	
Parent Email *main for	m of communication*:		
Parent Phone Number	· ·		
Actor Email *secondary	y form of communication*:		<u></u>
Actor Address:			_
	ealth Information:		
Rehearsal Conflicts			
a pre-professional show understand that rehears	ave fully read the rehearsal, to and conflicts should be reserted to conflicts will affect casting. Sal conflicts below. Please Initions.	rved for emergencies and	d urgent matters <i>only</i> . I
,	r <i>Matilda</i> we assume you will	accept any role. If there	are roles you will not
 Fully vaccinated 	nandatory meeting for actors a cast members will have the o It going into tech week and ea	pportunity to perform ma	skless if they submit a
Actor Signature			
Daront Signature	Date		