



# Application form

## For actors

Name \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent's cell \_\_\_\_\_

Email \_\_\_\_\_

Parent's email \_\_\_\_\_

My preferred method of communication is by  Phone  Email

Previous acting experience \_\_\_\_\_

\_\_\_\_\_

Training (acting, music, dance etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific roles I'm interested in playing (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

If cast, I give permission for photos of me to be used for Celsius Youth Theatre promotional items, website, brochures etc. (optional)

**If cast, I agree to make the production a priority. I understand that all efforts will be taken to coordinate rehearsal schedules with actors but due to the size of the cast, commitment from all cast members is necessary.**

**I understand that auditioning does not guarantee me a spot in the show. I understand that the director bases his choice on many factors and that I may not be suitable for the roles being cast.**

Applicant's signature \_\_\_\_\_

Parent's signature \_\_\_\_\_