

Holiday Variety Show

Audition # _____

Name: (last) _____ (first) _____

Address: _____

City: _____ Zip: _____

Phone: _____

E-mail: _____

Age (if under 18): _____

I prefer to be contacted by ___ Phone (Call) ___ Phone (Text) ___ E-mail

Brief description of your act:

List specific voice, stage, or previous theatrical experience below (or use the back).

We will be holding several rehearsals between the time of casting and the weekend of the show. In order to best plan when these rehearsals will occur, please list **all conflicts** from October 12- December 18th. The dress rehearsal on the evening of Friday, December 16th will be mandatory. If you have no conflicts, indicate **none** below.

LIST ALL CONFLICTS:

For insurance purposes, actors are required to be members of the Pinckney Players. This includes a \$20 yearly cost per member (\$50 per family) and will apply to any show you participate in for the upcoming performance year. Please sign below showing that you understand and agree to this responsibility, costs to be paid at the mandatory general meeting on **Wednesday, October 19th**.

Signature _____ Parent Signature (if under 18)
