

Name: _____
Address: _____
City: _____ Phone: _____ Age: _____
Email: _____ Date of Birth: _____

LIST PREVIOUS ACTING EXPERIENCE: (LAST 3 SHOWS)

Production	Role	Theater

Have you auditioned for WCT before?: Yes No

Do you have any dance experience?: Yes No

Rehearsals will be held on Sundays, Tuesdays, some Thursdays. It is important that all cast members attend all rehearsals. Please indicate below any on-going, special commitments, or vacations that you have that will prevent your attendance at rehearsals.

I have a regular commitment every _____

I am unavailable the following dates because of prior commitments or planned vacation:

Would you be willing to be an extra/ensemble? Yes No

If you do not get cast, would you be willing to work on the production? Yes No

Name(s) of parents or legal guardians:

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____

Emergency Contact Name: _____

Relation: _____ Phone: _____