

Show: _____



AUDITION FORM

Date: _____

Fill out the information below VERY CLEARLY and attach picture and resume.

Performer Name: _____ Grd: _____ DOB: _____

Parent Name: _____ Email _____

Cell# _____ Home # _____

List previous theatre experience, roles, and where

Show Title	Role	Where/Director	Year

Theater, Dance, Voice Training

Training	# Years Practiced	Where

Special Skills (tumbling, tap, musical instruments, accents, stage combat, etc.)

DIRECTORS NOTES. DO NOT WRITE BELOW THE DOTTED LINE

Voice <input type="checkbox"/>	Dance <input type="checkbox"/>
Acting <input type="checkbox"/>	Roles <input type="checkbox"/>

PLEASE WRITE CLEARLY

HOME ADDRESS: _____

HOME PHONE: _____ SCHOOL DISTRICT: _____

PARENT 1 NAME: _____ CELL: _____

EMAIL: _____

PARENT 2 NAME: _____ CELL: _____

EMAIL: _____

Please circle one

**SYJCC
MEMBER**

**SYJCC
NON -MEMBER**

IS ANYTHING ELSE WE NEED TO KNOW ABOUT YOUR CHILD?

PHOTO AND VIDEO IMAGE RELEASE

I hereby grant permission, without reservation, to The Suffolk Y Jewish Community Center, Inc. (JCC) and those authorized by the JCC to take photographs, quotes, videos or movies of me and to use them in original or modified form in all media including print, newsletters, internet sites, ads, press releases, publications and promotional materials. I understand and agree that I am entitled to receive no compensation for the above.

I release the JCC, its officers, directors, agents, employees, independent contractors, licensees and assignees from all claims that I now have or in the future may have related to the above.

I agree that the JCC will be the sole owner of all tangible and intangible rights in the above mentioned with full power of disposition.

Name of Parent/Guardian if under 18 _____

Signature of Parent/Guardian _____

Child's Name _____ Date _____

Address _____