BASIN COMMUNITY THEATRE

(PLEASE ATTACH A HEADSHOT. TURN IN AT YOUR AUDITION.)

PARTICIPATION FORM

Name						
Date of Birth	A	ge	_Height			
Address		City		State	Zip	
Cell Phone		EmailAdd	ress			
Preferred method of conta	ct? 🗆 TEXT 🗆 EMAIL 🗆	PHONE				
Theatre Experience: (List m	nost recent first; if more spa	ace is need	led, please use bac	k of this form.)		
Production:	Role or Job:			When:		
		5) p	
Which role(s) are you most						
If no, are you interested in	helping behind the scenes	? 🗆 YES [NO If yes, in what	at area?		
Which vocal part do you usually sing?			Vocal range?			
What song selection will yo	ou be singing?					
Dance experience:				<u></u>	437	
Other talents:	(omr	nn	nity	<u>l hea</u>	tro	
Are you available for all sh	ow dates? (April 10-12 & 17	7-19) 🗆 Y		ELY NO CONFLICTS MARCH	H 31- SHOWDATES!	
Please indicate all schedul If you are cast in this produ the rest of the cast and cre	uction, do we have your pe	rmission to	distribute your na		one number to	

THE PRODUCTION MANAGERS RESERVE THE RIGHT TO EXCUSE ANY PARTICIPANT FROM THE PRODUCTION AT ANY TIME FOR ANY REASON. INCLUDING BUT NOT LIMITED TO FAILURE TO COMPLY WITH THEATER POLICY OR GUIDELINES.

By signing below, I understand that in auditioning for a part in the Basin Community Theatre (BCT) production, being cast in the production is a personal commitment and I am prepared to participate actively in the production. I agree that I am volunteering my time; that BCT may use my image and name for publicity purposes; and that I will not hold BCT liable for personal injury while participating in this production. All absences that are not listed as "conflicts" will be unexcused and production managers must be notified in advance when absent. Three unexcused absences will possibly lead to your role being recast.

If auditioner is a minor, the parent/legal guardian must sign below. You are responsible for supplying his/her transportation within 10 minutes of the end of each rehearsal or performance.