Audition Form- School of Rock

Name:				
Address:				
Email:			Future Notifications: `	Y/N
Best available phone	e #:		Do you receive text: Y	/ N
Age:	M / F	Height:	Weight:	
Vocal Rar	nge:	Can you read music? Y / N	Grow facial hair? Y / N	
If cast, are you willir	ng to alter hairstyle	and / or facial hair? Y / N	N	
Desired Role?		Accept any role?	Y / N	
Special Skills (Can p	olay an instrument	t?)		

PLEASE THOROUGHLY READ THE PRODUCTION INFORMATION PROVIDED AND LIST ANY AND ALL CONFLICTS BELOW. UNDERSTAND THAT EXCESSIVE CONFLICTS MAY PROHIBIT YOU FROM BEING CAST IN THIS PRODUCTION.

CONFLICTS:

As a condition to my participation in the above program conducted or sponsored by the City of Selma/ Selma Arts Council, I understand and agree to the following: That the City/ Arts Council, its officers, employees, and agents shall not be liable for any loss, damage, injury or liability of any kind to any person caused or arising from acts, omissions or negligence of the City/ Arts Council, its officers, employees or agents relating to or arising from my participation in the above program. That I will defend, indemnify and hold harmless the City of Selma/ Selma Arts Council and its officers, employees and agents from and against any and all loss, liability, charges and expenses (including attorney's fees) and causes of action of whatsoever character which may arise by reason of participation in the above program or in any way connected therewith. The City of Selma/ Selma Arts Council, liability or any other insurance for program participants. I also understand my picture might be taken as part of the program to promote our program on flyers, brochures, City website and marketing pamphlets.

(Please list theatre Experience on the back of this sheet or attach a resume)

Performance Background (Back Page)

Please list previous theater and dance experience (if any) starting with most recent

Year	Show	Company	Notes

-----PLEASE DO NOT WRITE BELOW THIS LINE------