



NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**\*IF UNDER THE AGE OF 18 ENTER GUARDIANS INFO BELOW\***

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ BEST WAY TO CONTACT: **Phone ( ) Email ( )**

**PLEASE SELECT (X) ALL SHOWS YOU'RE INTERSTED IN:**

**Rent (High School Edition) ( ) Sweeney Todd ( ) Annie ( )**

In this section please write the role(s) you are auditioning for:

\_\_\_\_\_ **ENSEMBLE ( )**

**WILL YOU ACCEPT A SPOT IN THE ENSEMBLE IF NOT CAST IN THIS ROLE(S): YES ( ) NO ( )**

For the purpose of evaluating auditions, RCT may choose to video tape or take photographs of the persons auditioning. You may choose not to be videotaped or have your photo taken, should you desire. Please make you choice below:  
\_\_\_\_ **Yes** you may take Video/Photos as needed \_\_\_\_ **No** you may not take Video/Photos

**Please let us know how you heard about these auditions?** \_\_\_\_\_

\*Please note that all cast and/or crew members working on a production who are age 18 or over will be required to submit a PA Child Welfare Clearance Certificate and a Criminal Background check within 30 days of the start of rehearsals. There is no cost to those applicants who file them as a volunteer member. **FAILURE TO SUBMIT CLEARANCES IN A TIMELY MANNER SHALL BE CAUSE FOR REMOVAL FROM PARTICIPATION OF THESE PERFORMANCES.**

\* RCT tries to provide the costumes used on stage as much as our budget/resources will allow. Cast members may be required to provide items of their own for these productions.

By accepting to be in a production, I acknowledge the information herein and agree to abide by RCT guidelines:

\_\_\_\_\_  
*Signature of applicant or parent/guardian for children under age 18*

\_\_\_\_\_  
*Date*

**Please remember to fill out the back of this form!**

