

Casting Information

Name _____

Address _____

City, State, Zip _____

Phone # _____

e-mail address _____

<u>Costume Information</u>	
Please list sizes that you know	
Hat	_____
Shirt	_____
Pants	_____
Suit	_____
Shoes	_____
Dress	_____

If cast in the show, please check your email on a regular basis for show updates. Also, "Like" our Facebook page and help talk up the show. Your address and email address will be added to BDACT lists with information on upcoming auditions and shows. You may "opt-out" at any time. By completing this form, you give BDACT permission to use photos and information about you for publicity purposes.

Please list other roles you have performed (Show, role, and organization)

Please list any education in acting, singing, dance, or music. Where and for how long?

Do you read music? YES / NO / A LITTLE

Are you interested in a specific role(s)? YES / NO If so, which one(s)? _____

If cast, will you accept any role? (Please be honest) YES / NO

Do you have any physical limitations? (Back, respiratory, heart, etc.) _____

Please list any conflicts you may have with the rehearsal schedule (Sun-Thurs evenings):

If a role is not available for you, are you interested in working the stage crew and/or do you know of anyone who would like to work back stage during the show? _____

____ Makeup ____ Hair ____ Stage Crew ____ Ushers ____ Painting Sets ____ Publicity

____ Set Construction ____ Concessions ____ Costumes ____ Props ____ Lights/Sound

Emergency Information

Home Phone: _____

Date Of Birth: _____

Allergies/Any medical concerns we should be aware of:

Emergency Contact: _____

Their Address: _____

Their Home Phone: _____

Their Cell Phone: _____

Their Work Phone: _____

Family Doctor _____ Phone # _____