

Audition Form -Jack and Jill and the Beanstalk

Auditions will take place during class on November 17th and November 18th
Audition sides will be provided.

You must bring this form signed by your parents and with all schedule conflicts written on the calendar to the audition. **NO FORM = NO AUDITION**

Name (Please print.)

Home Phone

I am willing to take a small part: Yes / No

I have placed all of my known schedule conflicts on the attached calendar. I understand that except in case of emergencies, I am required to be at all scheduled rehearsals. Failure to attend rehearsals will result in being cut from the production. The director must approve any additional schedule conflicts.

I understand it is my responsibility to check the callboard every day immediately after school for possible schedule changes. This will allow you to still catch the bus home if a rehearsal has been cancelled.

I understand that it is my responsibility to attend all rehearsals on time, prepared to work. Students who miss several rehearsals because of illness may have to be dropped from the show.

I understand it is my responsibility to clearly communicate all rehearsal times *and* obligations to my parents and to inform the director of any emergency schedule changes. I understand it is my responsibility to arrange for transportation to and from rehearsal.

I understand that it is my responsibility to behave in a safe and professional manner at all times.

I understand it is my responsibility to maintain good grades during this production.

I understand that there is no way of knowing how late the dress rehearsals could last during the week before the show.

I understand that in case rehearsals/performances are cancelled because of weather, they will be rescheduled. If I am unable to make the re-scheduled rehearsals/performances, I may have to be dropped from the production.

Failure to follow all of the requirements listed above may result in your being cut from the production.

I have read, understand and agree to abide by all of these requirements.

Student Name

Student Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

Parent/Guardian Email Address: _____

Parent /Guardian Contact Phone: _____