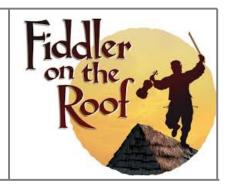
FOR OFFICIAL USE ONLY

## ACTOR INFORMATION FORM



(Submit this completed form at your audition)

~ Come with this **form fully completed**. ~ Staple a **resume and headshot** to this form. ~ Bring paper and pen.

NAME	AGE GRADE SCHOOL_		
ADDRESS	CITY	ZIP	
PARENT/GUARDIAN NAME	BEST PHONE COI	BEST PHONE CONTACT#	
PARENT/GUARDIAN NAME	BEST PHONE CONTACT #		
BEST CONTACT E-MAIL			
WHICH ROLE(S) WOULD YOU LIKE?			
ARE YOU WILLING TO PLAY ANY PART?			
If you are cast, we need you to <b>FULLY COMMIT</b> to the product Absences due to illness require you to notify the Director or dismissal from the cast. Your date/time conflicts may influence <b>DATE/TIME CONFLICTS</b> here:(use the back of this sheet if	Producer. Skipping rehearsals to attend on the color of the role you are offered. Review the process of the color of the c	other activities may result in your	
******************	*************	******	

REHEARSALS: July 25 – August 12, 2016, Monday through Friday, 9:00am – 3:00pm.

TECH WEEK REHEARSAL times may include longer hours.

4 PERFORMANCES: August 12-14, 2016 at Kofman Auditorium.