



Smithfield Little Theatre Audition Form

Please Print Clearly Date: _____

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

**Attach Photo
Here**

(Staff will take photo
at auditions)

If I am under the age of 18, my parent or guardian's signature indicates their permission for me to participate in this production at Smithfield Little Theatre.

Signature: _____ Date: _____

Are you auditioning for a specific role? If yes, which role? _____

Are you willing to accept any role offered to you? _____

Would you be willing to work on the show in any other capacity? (Stage crew, props, costumes, technical, music, hair/makeup) If so, what area? _____

List any previous theatre experience. You may use the back of the form if you need more space or attach resumé.

Production: _____ Role: _____ Theatre: _____

Production: _____ Role: _____ Theatre: _____

Production: _____ Role: _____ Theatre: _____

Production: _____ Role: _____ Theatre: _____

Please list **ALL** conflicts that you have during the rehearsal period. _____

I acknowledge that during this production at Smithfield Little Theatre, photographs and videos may be taken by SLT Staff during auditions, rehearsals and performances. I hereby grant permission to Smithfield Little Theatre to use any photo or video in which I appear, or any reproduction of same, for the purpose of publication, advertising, trade and any other lawful use. Photos and videos may be used in print media or online including social media sites. I will make no monetary or other claims against the Smithfield Little Theatre for any use of these.

Signature: _____ Date: _____

