



Audition# _____

Richmond Civic Theatre Audition Form (Actors Under 18)

Name: _____
 Age: _____ Birthday: _____
 Address: _____
 City/State/Zip: _____
 Grade: _____ School: _____
 Student email: _____ Student phone number: _____
 Guardian name: _____ Guardian email: _____
 Guardian phone number: _____
 Known allergies & medications: _____
 Any medical conditions: _____

Do you grant permission for a member of the directing team or an RCT employee to give your student a ride home if necessary?

Yes No Note: you will be notified before this occurs

Is this your first time auditioning for RCT/Stage One? Yes No

Have you been in a RCT/Stage One show? Yes No

What previous theatre experience do you have?

Part	Show (If not at Stage One or RCT, add Venue/Dates)

Role(s) of specific interest:

1. _____ 2. _____ 3. _____

If not chosen for one of the roles above, are you willing to take another? Yes No

Please provide a list of possible conflicts on back of page (include work, volunteer, and travel commitments from tonight until show closing date).

PLEASE LIST ALL CONFLICTS YOU MAY HAVE, including work, lessons, practices, and travel commitments:

Example: "Soccer practice Wednesday's from 5-6pm"	Wednesday:
Sunday:	Thursday:
Monday:	Friday:
Tuesday:	Saturday:
Other:	

DIRECTOR'S NOTES: