Roanoke Children's Theatre

AUDITION INFORMATION - YOUTH

Please fill in legibly.

Age: Height:	Weight:	_ Hair Color:	Eye Color:			
School			Grade			
Address						
City			State		_ ZIP	
Cell Phone						
Personal Email						
Parent(s) Name(s)						
Address (if different)						
Parent(s) Cell Phone 1			Cell Phone 2			
Parent(s) Email						
TRAINING Please list previous plays; thea Use back of sheet if needed.	atre education, cla	nsses, camps; vocal dan	ce training; mus	sical instrui	ments, etc.	
RCT OPPORTUNITIES						
Are you interested in the RC (Actors Ages 13-18 by Audition	(Circle)	YES	NO			
Are you interested in RCT So (Youth Actors Ages 13-25 by	(Circle)	YES	NO			
Are you interested in Volun Please fill out our Volunteer S	•	let us know what you	are interested in	doing!		

Roanoke Children's Theatre P.O. Box 4392 Roanoke, VA 24015 Located in The Dumas Center Office 540-400-7795 or 540-309-6802 Box Office 540-224-1200 info@roanokechildrenstheatre.org



CONFLICTS

Please list ALL CONFLICTS with REHEARSAL or PERFORMANCE SCHEDULE

Please refer to the Production Breakdown Sheet for Rehearsal and Production Information

Specific Dates	& Times								
Regularly Scheduled Conflicts									
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
				•		me fittings, photo call ager. (ALL conflicts mu			
be agreed upon	between Compar	ny Manager and/o	or Artistic Directo	r at least 2 weeks	before the first re	ehearsal of production,			
	•			•		nt will be responsible f youth during rehears			
•	•				_	ht to youth actor's y means or medium.			
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Signed				Printed Name					
Relationship to	o Youth Cast Me	mber	I	Date					