



**Casting Application ~ Show \_\_\_\_\_**

*Please Print*

Name: \_\_\_\_\_

Age: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, St. Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

In Case of an Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Custodian: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Last three (3) shows you have performed in?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Known conflicts with rehearsal schedule: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_