



AUDITION FORM

Participant's Name _____ Gender: Male Female

Participant's Age _____ Currently in School? Y N Year in School _____ School Name _____

Participant's Phone (____) _____-_____ Cell Home Participant's E-mail _____

If Participant is under 18: Name of person completing this form _____

Relationship _____ E-mail _____ Phone (____) _____-

If you are a participant's parent/guardian OR a participant 18 years of age or older, do you have your three clearances for HCPAC or are you willing to get them? Yes No

Performers must submit a performer conflict sheet at auditions. Performers will not be cast without a completed conflict sheet on file.

Will you accept any role given you? Yes No Why or why not?

Previous stage experience:

Photo Release Authorization: I grant permission to Harrisburg Christian Performing Arts Center (HCPAC) and its representatives to take and use photographs and/or digital images of me or the minor named at the top of this page for use in news releases and/or promotional materials. These materials may include printed or electronic publications, the HCPAC website, and other electronic communications.

Yes, I grant my permission as stated above.

No, I do NOT grant my permission.

SIGNATURE of Adult Participant or Parent/Guardian of Minor Participant

DATE

DO NOT WRITE BELOW THIS LINE - FOR PRODUCTION STAFF ONLY



Voice:	/	Vocal Part:	S	A	T	B		
Dance:	/	Cast As:						
Acting Notes:								
Call Back:	Y	N	Notified:	Y	N	Accepted:	Y	N