



CYT STUDENT AUDITION FORM # _____

Call Back? _____ Cast as: _____

Song : _____ I am auditioning for experience only

Turn in a current photo with your form at the Audition Table. Your photo will not be returned.

PRINT INFORMATION CLEARLY. PLEASE DO NOT WRITE INFORMATION IN CURSIVE.

Student Name: _____ Age: _____ Birth date _____

Height _____ Ft _____ In _____ CYT Class enrolled in: _____

Address _____ City _____ State _____ Zip _____

Parent's Name: _____ Parent's E-Mail _____ @ _____

Phone Number: (H) _____ (Cell) _____

School: _____ Teacher: _____

Parents' Occupations (optional) _____

List all commitments and dates that would interfere with rehearsals or shows: Conflicts not listed will not be excused. Unexcused absences may result in dismissal from the show. Cast must be at ALL dress rehearsals and performances.

List Conflict: _____ Is this negotiable? Yes No

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Please sign stating you understand and have read the above on conflicts _____

How many CYT shows auditioned for (including this one)? _____ How many CYT shows cut from? _____ Name of last CYT show you were cast in: _____ County _____ Session /Year _____

What shows have you been in outside of CYT? Please list the name of the play and part played.

Please list any special talents you have: (juggling, roller blading, skateboarding, magic, gymnastics, etc.)

Have you taken dance OR voice classes outside of CYT? List dates and places:

Do you have any health concerns or special needs? (ex. Asthma, Downs syndrome, etc.)

Would you be interested in backstage crew (ages 12+) if you do not get cast? Yes No

AUDITION PARENT INFORMATION

I realize that if my child is cast, I will be responsible to make sure he/she attends every rehearsal or will notify the Production Area Coordinator in case of illness. I understand that there may be a minor cost for costumes (i.e., tights, shoes, etc.) I realize that the success of CYT relies on the involvement of parents, and that I am required to sign up for one of the following committees. CYT strongly encourages the participation of both parents. Couples may serve together or separately.

There is a brief description of each committee listed on a separate paper.

Mark 1st, 2nd, and 3rd choice, along with first name of parent.

We recommend one from each column.

COLUMN 1 Parent Name

COLUMN 2 Parent Name

COLUMN 3 Parent Name

- Makeup _____
- Program _____
- Clean Up _____
- School Day Rep. _____
- Production Ass't _____
- Backstage _____

- Green Room _____
- House Mgr. _____
- Souvenirs _____
- Photographer _____
- Refreshments _____
- Strike _____

- Marketing/PR _____
- Costumes _____
- Props _____
- Sets _____
- CYT Office _____
- Tech _____

Would you consider chairing a committee? _____ Which one? _____

(There are advisory people to help oversee & answer any questions for you.)

PARENTS CONTRACT:

- * I will attend the two mandatory parent meetings.
- * I will serve a minimum of 20 hours as a part of parent committee
- * My family will sell or purchase 10 tickets minimum to this show

I understand that I must pay a \$65 Production Fee (\$35 per additional child). Also, in order to ensure the quality of the production itself, I understand that any unexcused rehearsal absences may result in dismissal from the show.

Signature of parent: _____ **Date** _____

** Parent signature required for children under age 18. Form not accepted without signature.

Thank you for auditioning for this CYT production!