

Reading Community Players

General Audition Form

Please print legibly.

Legal Name: _____

Alternate or Preferred Name: _____ Pronouns: _____

Cell () _____ Do you accept text messages? YES NO

Home () _____ Best way to contact you: Cell Home Email

Email address: _____

Social media handles (Facebook, Instagram, etc.) (Optional): _____

Roles interested in: _____

Would you be willing to consider a role not listed above? YES NO

Current/previous theatre experience and productions: _____

Anticipated or known conflicts: _____

If not cast, would you be interested in being contacted to volunteer for other aspects of the show (props, tech, etc.)? YES NO

How did you hear about this audition? _____

Please read carefully: I understand that if I am cast or volunteer to participate, I will be required to become a member of RCP. Information will be provided to me about membership and dues options, including individual, family, and student, and membership information can also be found on RCP's website. If you are already a member, please ensure your membership is up-to-date. If cast, I agree that RCP may use my name and image, without restriction, in marketing campaigns, social media, website, email, and in other ways which RCP deems necessary to promote the show. If cast, I understand I will be required to obtain clearances and I agree to complete all steps necessary. If cast, I understand I am expected to be at all scheduled rehearsals and show performances and I will provide all conflicts prior to my commitment to the show in any capacity. By signing this form, I acknowledge my understanding and agreement with all of the above.

Signature: _____ Date: _____

Minors under the age of 18 auditioning must have a parent present at all times and must sign this form below.

Parent/Legal Guardian Signature: _____ Date: _____

Reading Community
Players P.O. Box 13425
Reading, PA 19612
610-375-9106

www.readingcommplayers.com