

Name of Actor:	Actor's Cell Phone:						
Male Female	Age:		Height:				
School:	Grade:						
Is this your first audition with Smiles and	Frowns Play	house?	YES	NO			
Are you willing to accept any role?	YES	NO					
Are there any roles you are unwilling to accept?							
Are you comfortable singing on stage?	YES	NO					
Are there any learning or physical disabili	ties we shou	ld be aware o	f? If so, pl	ease specify.			

List previous theatrical experiences.

Play	Role	Date/Year

Do you have any special skills (i.e., gymnastics, dance abilities, juggling, etc.)?

List all previous commitments that may conflict with the posted rehearsal days and times.



## **Casting Agreement**

I agree to play any role assigned. I also agree to wear the costumes, makeup, wig, or hairstyle of the director's choosing. I also agree to abide by all Smiles and Frowns Playhouse rules while at rehearsals and performances.

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

## **Attendance Agreement**

By accepting a role, I agree for my child to attend all mandatory rehearsals and performances as defined by the rehearsal schedule.

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

## Parent Agreement

I understand the commitments required for my student to participate in Smiles and Frowns Playhouse, including attendance at all mandatory rehearsals and performances as defined by the rehearsal schedule, and agree to support my student's involvement in this activity by ensuring that they are in attendance when required.

Parent Signature: Date:\_

## A note about fees if your student is cast in the production:

Smiles and Frowns Playhouse has an all-inclusive fee of \$50 for the first child and \$40 for each subsequent child in a family. This fee includes a show t-shirt and online access to all the photos taken by the official photographer of the dress rehearsal.