

Name of Acto	r:	Actor's Cell Phone:			
Male	Female	A	ge:	Не	eight:
School:			Grade:		
Is this your fir	est audition with Smiles and	Frowns Play	house?	YES	NO
Are you willir	ng to accept any role?	YES	NO		
Are there any	roles you are unwilling to a	ccept?			
Are you comf	ortable singing on stage?	YES	NO		
Are there any	learning or physical disabil	ities we shou	ld be awar	e of? If so, p	lease specify.
List previous	theatrical experiences.		,		_
	Play		]	Role	Date/Year
Do you have a	any special skills (i.e., gymr	nastics, dance	abilities, j	uggling, etc.	)?
List all previo	us commitments that may c	onflict with t	he posted 1	ehearsal day	s 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 at by the rehearsal schedule.	tend all mandatory rehearsals and performances as defined
Parent Signature:	Date:
Parent Agreement	
including attendance at all mandatory rehears	y student to participate in Smiles and Frowns Playhouse, als and performances as defined by the rehearsal schedule, at in this activity by ensuring that they are in attendance
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.