



Audition Application Form

Name: _____ Age: _____ Pronouns: _____

Contact Information

Cell Phone: _____ Alternate / Home Phone: _____

Email: _____

Name of Parent or Guardian if auditioner is under the age of 16: _____

Previous theatre experience: _____

What aspects of this production are you interested in?

<input type="checkbox"/>	Acting	<input type="checkbox"/>	Front of House	<input type="checkbox"/>	Lights & Sound
<input type="checkbox"/>	Stage Management	<input type="checkbox"/>	Backstage Crew	<input type="checkbox"/>	Promotion

Other: _____

Please note days and times (day/evening) you ARE available for rehearsals:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							

Please list any food allergies: _____

How did you hear about these auditions? _____

****NOTE** All members of the cast and crew are required to be members of the Lindsay Little Theatre. Please acknowledge by signing below that you will be asked to pay an annual fee of \$20.00 (+online fees, if applicable) and members 18+ will be asked to volunteer at least once per year at Bingo, Bingo with LLT (alt. Sundays, 11 am - 3 pm).**

Signature

Date

Signature of Parent or Guardian
if the auditioner is under the age of 16.

Date

Thank you SO MUCH for coming out to audition!