CounterACT

Audition Form

Spring 2014

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photo here

(required for those who are new to CounterACT)

Name:_____ Birthday:_____ Age:_____

Address:_____

_____

Phone Numbers:_____ Grade:_____

Email (participant's):_____

Email (parents'):_____

Parents' Names:_____

Check all boxes that apply:

☐ I am auditioning for an acting role in the CandleLight Players' spring production of "Club Family"

☐ I am interested in helping in some capacity other than acting with the CandleLight Players' spring production of "Club Family," (optional) such as _____

☐ I would appreciate feedback so that I can know how to improve my audition

☐ I would like to be considered for CounterACT Drama Ministry Team membership
(also requires separate application form)

What experience do you have in the areas you have checked? Please feel free to attach a resume' or use the back of this form to elaborate .

I certify that I am (or my child is) a home-schooled student (or graduate) in good academic standing, and we are prepared to pay a $55 Participation Fee (due at the first rehearsal) to cover scripts, royalties, insurance, and facility usage fees.

Participant's Signature_____ **Date:**_____

Parent's Signature_____ **Date:**_____

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