



AUDITIONS

Play: _____ Date: _____

Name: _____

Mailing Address: _____

City: _____ State/ZIP: _____

Phone Days: _____ Evenings: _____

Email Address: _____

Formal Training (acting, voice, dance, technical, other)

Past Experience (name of show, part played, when, where, *continue on separate page if needed*)

Height: _____ Weight: _____

Age: _____ Gender: _____

Part or parts auditioning for: _____

Will you take another role, if offered? _____

Are you available as technical support? _____

If so, in what capacity? _____

Rehearsal conflict dates: _____

DIRECTOR'S COMMENTS (Do not write below this line)

General comments: _____

Voice: _____

Movement: _____

Technical help: _____

Other: _____

VOLUNTEER DISCLOSURE and Photo release

Pentacle Theatre
145 Liberty St. NE
Salem, OR 97301

For those auditioning and the parents of minors auditioning ... if you are cast in a Pentacle Theatre show, here are some things the Governing Board would like you to know about Pentacle:

- Pentacle Theatre is a community, volunteer-based organization. As such, we do not pay actors, or provide reimbursement for mileage.
- Pentacle plays run for 18 performances over four weeks. Including benefit performances, held on a Tuesday and/or Wednesday during the run. The director will provide performance dates at auditions.
- During the run of each show, the cast and crew are responsible for keeping the theatre tidy for Pentacle patrons (this includes cleaning restrooms). Prior to opening night, the director will provide a list of housekeeping duties. They don't take a lot of time, and the board appreciates your help in keeping our "home" a welcoming place for patrons.
- You authorize Pentacle Theatre to use photographs or videos of you for promotional purposes in any type of media, including its website, without payment or any other consideration.

Please talk to the play's director or the board liaison if you have questions about these or other issues.

Please read the following carefully and sign below to indicate your agreement.

I grant to Pentacle Theatre, its representatives and employees the right to take photographs of me. I authorize Pentacle Theatre, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Pentacle Theatre may use such photographs of me with or without my name and for any lawful purpose, including publicity, illustration, advertising, social media and the organization's website.

Individual over age 18: My signature below indicates that I have read and understand the above:

Signature: _____

Printed name: _____

Date: _____

Parent or guardian of individual under age 18:

My signature below indicates that I have read and understand the above as well as Pentacle Theatre's *Guidelines for Minors*:

Signature: _____

Printed name: _____ Phone _____

Minor's name: _____

Date: _____

DIRECTORS: Please return completed forms to the Pentacle Theatre business office.