

# Pentacle Theatre Audition Questionnaire

## *A Pentacle Evening of Comedy*

Today's Date

Your name

Mailing address

Email address

Phone

Formal training

Past experience

Age

Gender

Conflict dates

Role desired

Other roles OK?

Can you do tech?

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.

**Signature**

Parent or guardian  
of individual under

18