

# Pentacle Theatre Audition Questionnaire

<b>Your name:</b>			
<b>Mailing address:</b>			
<b>Email:</b>		<b>Phone:</b>	
<b>Pronouns:</b>			
<b>Age range:</b>			
<b>Conflict dates:</b>			
<b>Role(s) you want to read for:</b>			

What genders are you comfortable playing? (Check all that apply)

Men    Women    Nonbinary

Will you accept other roles if offered? Yes      No

If you have formal training in the theater arts, please list: (You can attach a separate document when you come to the audition.)

Describe your past theater experience including the role, show title and theater. (You can attach a separate document when you come to the audition).

## **Please read the following carefully and sign 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:

Signature of parent or guardian of individual younger than 18: