



HOLLAND COMMUNITY THEATRE AUDITION FORM

Date of Original

____/____/____

Please do new
after 5 years

Please fill this form out as completely and legibly as possible.

First Name (please print)	M.I.	Last
Street Address		
City	State	Zip Code
Cell Phone	Evening Phone	Day Phone
E-mail Address		

Gender/Preferred Pronouns _____

Date of Birth ____/____/____

Would you change your hair style/color for a role? _____

Would you prefer a lead role? _____ Will you accept any role? _____

Would you accept an understudy role? _____

Would you volunteer on a production crew for this or future shows? No _____ Yes _____

Costumes ____ Props ____ Set Construction ____ Painting ____ Publicity ____
Technical (Lights/Sound) ____ Hair/Makeup ____ Hospitality ____ Box Office ____

Welcome to HCT! It is the policy of Holland Community Theatre that each person cast in a show becomes a member of HCT. The Annual Membership Options are: Family \$20, Couple \$15, Individual \$10, Student \$5. Membership fees are due at the time of cast's first meeting. The membership will be valid for the duration of that season, August to July.

If cast in a show, pictures and film of you WILL be used for publicity purposes.

Please be aware we must do background checks on all adults working with minors or seniors. By signing below, you are authorizing office staff of Holland Community Theatre to request this information.

Signed: _____ Please complete the other side →

