McKinney Performing Arts (formerly McKinney Summer Musicals) 2017

ARSENIC AND OLD LACE

AUDITION APPLICATION

Bring to auditions. DO NOT send to us in advance!

Name			
Address			
Street	City	State	Zip
Phone			
Cell	Home	Other	
Email Address			
Roles auditioning for (in ord	er of preference):		
1	4		
3			
Will you consider another ro	ole, if offered:Yes	No	
	e you already, auditioned for other sho	•	
ist Training/Highlights of yo	our experience in the space below (or)	Attach resume	

REHEARSAL/PERFORMANCE CALENDAR

Rehearsal Information

Rehearsals begin Sunday, Sept. 17. Rehearsals are on Sunday evenings (Chamberlain School of Ballet in Plano) and Monday-Thursday evenings (Church St. Auditorium in McKinney) AS CALLED; and conclude Oct. 19.

Tech week Oct. 22-26

Oct. 27 7:00 pm

Oct. 28 2:00 pm and 7:00 pm

Oct. 29 2:00 pm

All performances at Church St. Auditorium, McKinney

NOTE: Every cast member is not necessarily called for every rehearsal. A detailed rehearsal schedule will be issued after the cast is announced

the cast is announced.
List all conflicts during the production period—Sept. 17-Oct.29:
(Initial) I understand that additional conflicts that are added after the casting will not be worked with. Additiona conflicts may result in dismissal from the show.
Do you have any physical limitations or health concerns?
Fees (Initial) Depending on casting and budgeting needs there may be a costume fee.
Involvement I would be willing to help in the following areas:
House Crew
Costumes
Concessions
Makeup Design and Application
Props

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MEDIA AND MEDICAL RELEASE

Name		
I understand that McKinney Performing Arts r relations and other print or media outlets.	may wish to use my name and/or image for forthcoming pror	notions, public
*I consent to allow my name to be used in pro	omotion of this project and future marketing/public relation	efforts.
*I consent to allow my photograph, image or marketing/public relation efforts.	likeness to be used in promotion of this project and future	
*I constant to allow my name to be used in co this project and future marketing/public relati	onjunction with my photograph, image or lines to be used in $\mbox{\scriptsize }$ ion efforts.	promotion of
•	Performing Arts (MPA) and any adult whom they shall appo ment in an emergency. I hereby release and discharge MPA fi	_
	Signature	
	Parent/Guardian Signature	
	(Required if participant is under age 18)	
	Date	
Emergency Contact		
Relation	Phone	