

**Urinetown**  
**Audition/Crew Sign-Up Form**  
*Please complete the entire form. Please print.*

Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Kid's Cell Phone: \_\_\_\_\_

\*\*\*\*\*

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age \_\_\_\_\_ Current Grade \_\_\_\_\_ Current School: \_\_\_\_\_

\*\*\*\*\*

Acting & Singing Experience: \_\_\_\_\_

\_\_\_\_\_

Dance Experience: \_\_\_\_\_

Special Talents/Skills: \_\_\_\_\_

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Are you willing to take any part: YES NO

Is there a particular part that you are interested in? \_\_\_\_\_

Would you prefer to play:  a female character  a male character  no preference

Do you have siblings that also tried out for the show: YES NO

If yes, what are their names \_\_\_\_\_

We cannot guarantee that we can cast everyone in a family. Are you interested in doing the show if your siblings are not cast? YES NO

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*Please refer to the preliminary rehearsal calendar to complete this section*

Are there any days between April 10 and June 25 that you are not available?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHICH CREWS ARE YOU INTERESTED IN:  
(CHECK AS MANY AS YOU LIKE)

STAGE MANAGER	_____	DECK CHIEF	_____
PROPS HEAD	_____	LIGHTS	_____
WARDROBE HEAD	_____	SOUND	_____
PHOTOGRAPHER	_____	SPOTLIGHT	_____
CONCESSIONS	_____		

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T-Shirt Size (Circle One)

Child      Small (6-8)                  Medium (10-12)                  Large (14-16)

Adult      Small                  Medium                  Large                  XLarge                  XXLarge

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**Contact Information**

Parent/Guardian #1

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Home\_\_\_\_\_ Work\_\_\_\_\_ Cell\_\_\_\_\_

Email\_\_\_\_\_

Place of Employment\_\_\_\_\_

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Parent/Guardian #2

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Home\_\_\_\_\_ Work\_\_\_\_\_ Cell\_\_\_\_\_

Email\_\_\_\_\_

Place of Employment\_\_\_\_\_

# Bell Tower Theater

## Photo/Video Release

Child's Name \_\_\_\_\_

By signing below I do, on behalf of my child/children, hereby give The Bell Tower Theater, its assigns, licensees, advertising agency, and legal representatives the irrevocable right to use their name (or any fictitious name), picture, portrait, photograph, or quotation as follows: in all forms and media and in all manners, including composite or distorted representation for advertising, trade or any other lawful purpose, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. In giving my consent, I release the above party from any liability for any violation of any personal or property right which I have in connection with such materials. I have read this release and am fully familiar with its contents.

Signed: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*This form must be signed by a parent or guardian if the child is under the age of 18.*