

# MCLEAN COMMUNITY PLAYERS

## *Deathtrap*

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

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

(photo)

\_\_\_\_\_

Home phone: \_\_\_\_\_  Preferred

Daytime/Cell phone: \_\_\_\_\_  Preferred

E-mail address: \_\_\_\_\_

Please print LEGIBLY

Gender: \_\_\_ Age range: \_\_\_\_\_ Height: \_\_\_\_\_ (approx.)

What role(s) are you auditioning for? \_\_\_\_\_

Theatrical experience (if you prefer, you may attach a resume):

Would you be willing to wear a wig or color your hair if necessary?  Yes  No

**IMPORTANT!** Please review the tentative rehearsal and performance schedule and list those dates, if any, when you have a conflict:

\_\_\_\_\_

**How did you hear about these auditions?** (check as many as needed)

Email from us     MCP website     Other email     Facebook

ShowBizRadio     ActorCenter     Other website     Google

*Washington Post*     Other newspaper     Other \_\_\_\_\_

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## WAIVER

\_\_\_\_\_ certifies that he/she is in good health and can safely participate in this production. Participation may include, but is not limited to, dancing, physical staging, and moving scenery.

Auditions may be recorded for use exclusively in the selection process. Any such recordings will be destroyed after the selection is complete.

If the actor auditioning is a minor (under 18), a parent or legal guardian must sign this form.

If I am cast in this production I authorize MCP to use images from rehearsals, dress rehearsals, and gatherings to promote this production through a variety of media forms, including but not exclusive to MCP's Website, MCP's e-blasts, photos submitted to press outlets and social media sites including FaceBook and the Patch.

I have read, understood, and agree to the above.

\_\_\_\_\_

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

Signature (or Parent/Guardian)

Thank you!