

AUDITION APPLICATION
Voice in the Dark: A Salem Story
By Elizabeth Downing

Name: _____ Grade: _____

Student Email: _____

Parent/Guardian: _____

Preferred Email: _____

WHICH ROLES ARE YOU MOST INTERESTED IN? (CIRCLE ALL THAT APPLY)

ABIGAIL HOBBS

SARAH NURSE

REBECCA NURSE

FRANCIS NURSE

DELIVERANCE HOBBS

THOMAS PUTNAM

ANN PUTNAM

REVEREND PARRIS

MARY WARREN

BEGGAR WOMAN (SARAH GOOD)

ENSEMBLE

ARE YOU WILLING TO ACCEPT ANY ROLE? (Circle your answer) Yes No

CASTING AGREEMENT: I agree to play any role assigned to me without complaint. In doing so, I also agree to wear the costumes, wig, or hairstyle of the director's choosing.

Student Signature: _____ Date: _____

ATTENDANCE AGREEMENT: By accepting a role, I agree to attend all mandatory rehearsals and performances for *A Voice in the Dark: A Salem Story* as defined by the show schedule. I also agree to abide by all district and theatre rules while at rehearsals and performances.

Student Signature: _____ Date: _____

PARENT / GUARDIAN AGREEMENT: I understand the commitments required for my child to participate in *A Voice in the Dark: A Salem Story*, including attendance at all mandatory rehearsals and performances as defined by the show schedule, and agree to support my child's involvement in this activity by ensuring that they are in attendance when necessary.

Parent/Guardian Signature: _____ Date: _____