

WCTT - "Annie"

**To be completed by parent of child auditioning for cast:
please complete all information/please print neatly**

Please complete all information. Please read entire form.

Child's name _____

Address: _____

City, State and Zip Code: _____

Age: _____ Cell/Phone Number(s): _____ School Grade _____

E-mail address: _____

Will you accept any part? _____

Name(s) of any siblings in play: _____

Conflicts (other activities child is involved in and nights said activities take place):

Do you understand and accept the rehearsals will be on Monday and Thursday evenings and Saturday mornings, at Experience Life, which will expand in the months of October and November, and that failure to attend rehearsal may lead to your removal from your part/or the play? **Yes or No**

I hereby grant Waynesboro Childrens Theatre Troupe, the right to use, reproduce and publish photographs of my child, for advertising or other limited purposes.

Do parents accept the fact that they will need to offer time to assist in the production of the play and/or in such areas as set, costume, props, fund-raising, backstage assistance? **Yes or No** What is your interest? _____

*Your name, address and phone number:

**FIRST REHEARSAL/PARENTS MEETING IS AUGUST 28 2017, AT 6:15
pm at the Experience Life Church, 118 Walnut St, St 108 Waynesboro, PA**

The non-refundable participation fee of \$15.00 per child, or \$35.00 for three or more children in one family, is due on the first mandatory parents meeting on August 28, 2017, at 6:15 p.m. *Mandatory parents meetings will be scheduled periodically.* If you cannot attend the meetings, it will be your responsibility to contact the necessary production directors and/or crew member to receive all updated information.

Emergency contact: _____ (name), _____
(telephone number), _____ (relationship to cast member)

VISIT OUR WEB SITE AT www.wctt.org

