



AUDITION FORM

For Actors Ages 6-13

"The Best Christmas Pageant Ever" Dec 2026

Name: (as you'd like it to appear in the Program) _____

Male _____ Female _____ Age: _____ Height: _____ Hair Color: _____ T-Shirt Size: _____

Parent/Guardian: _____ Parent/Guardian Phone: _____

Email address: _____ May we TEXT you? **Yes** **No**

Vocal Range: (circle) **SOPRANO** **ALTO** **TENOR** **BASS** Do you sing Harmony? **Yes** **No** Do you read music? **Yes** **No**

Past Theatre Experience: _____

Dance Experience: _____

Special skills: (Guitar, gymnastics, etc.) _____

Do you have any physical limitations? If yes, describe: _____

Role(s) Auditioning for: _____

Will you accept any role, including chorus? **Yes** **No** Are you willing to play an understudy? **Yes** **No**

If auditioning with family members, will you accept a role if others in your family are not cast? **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, and hairstyle of the director's choosing. I also agree to abide by all theatre rules while at rehearsals and performances.

Actor Signature: _____ Date: _____

Attendance Agreement:

By accepting a role, I agree to attend all mandatory rehearsals and performances as defined by the rehearsal schedule.

Actor Signature: _____ Date: _____

Parent Agreement:

I understand the commitments required from my child to participate, including attendance at all mandatory rehearsals and performances as defined by the rehearsal schedule, and agree to support my child's involvement in this activity by ensuring that they are in attendance when necessary and know required deadlines for memorization, etc.

Parent Signature: _____ Date: _____

It is the policy of the Vernal Theatre to NOT discuss casting decisions.

All decisions are final. The cast list will be posted on our website: vernaltheatre.com.

List **ALL CONFLICTS** on calendar on **BACK** of this form, now through end of production. (Work, Vacation, etc.)

Any conflicts reported after casting may necessitate a change in role or withdrawal from the show.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Oct 26	27	28	29	30	31
Rehearsal 7p	Rehearsal 7p	Rehearsal 7p	Rehearsal 7p	Rehearsal 7p	
Nov 2	3	4	5	6	7
Rehearsal 7p	Rehearsal 7p	Rehearsal 7p	Rehearsal 7p	Rehearsal 7p	
9	10	11	12	13	14
Rehearsal 7p	Rehearsal 7p	Rehearsal 7p	Rehearsal 7p	Rehearsal 7p	
16	17	18	19	20	21
Rehearsal 7p	Rehearsal 7p	Rehearsal 7p	Rehearsal 7p	Rehearsal 7p	
23	24	25	26	27	28
Rehearsal 7p	Rehearsal 7p	Rehearsal 7p	Rehearsal 7p	Rehearsal 7p	
30	Dec 1	2	3	4	5
Rehearsal 7p	Rehearsal 7p	Rehearsal 7p	Rehearsal 7p	Rehearsal 7p	
7	8	9	10	11	
Rehearsal 7p	Rehearsal 7p	Tech Week 6p	Tech Week 6p	Tech Week 6p	
14	15	16	17	18	19 <i>Possible added performance 2p</i> Performance 7p
Tech Week 6p	Tech Week 6p	Performance 7p	Performance 7p	Performance 7p	
21	22				
Performance 7p	Performance 7p				

Notice: Rehearsals are closed to the public. Rehearsals typically run Mon through Fri. As performance dates approach, additional dates may be used. Show dates are **December 16, 17, 18, 19, 21, and 22**. There will be no double-casting therefore actors must be available for all performances.

By signing below, I acknowledge that I have read the entire form and understand the commitment that I am making if I am cast. I also commit that I will be available for rehearsals and show dates as explained above. _____ Initial

CONFLICTS REPORTED AFTER CASTING MAY REQUIRE THAT YOU WITHDRAW FROM THE SHOW.

READ CAREFULLY AND SIGN (IF UNDER 16, A PARENT/GUARDIAN *MUST* SIGN).*

I understand that Vernal Theatre: LIVE is a community theatre company and that they do not carry Worker's Compensation Insurance for cast and crew members. I accept full responsibility in the event of an accident or injury. I understand that more than two unexcused absences from rehearsal may result in dismissal from the show. I will be responsible for personal items (i.e. shoes, socks, makeup, etc.). I authorize and consent that Vernal Theatre: LIVE shall have the absolute right to publish, use, or sell all photographs or videos taken of me as a participant in the above production. I have read and understand the information above.

**As the parent/guardian of the auditionee, by signing below I confirm that the calendar above is correct to the best of my knowledge and commit to the show and guidelines along with my child. I also acknowledge that I or another adult (over 16) responsible for the auditionee will be present at rehearsals and parent meetings as required. I understand that failure to adhere to these requirements may result in dismissal from the show.*

Signature: _____ **Date:** _____

Parent/Guardian Signature: _____

THANK YOU FOR AUDITIONING.

Vernal Theatre: LIVE is an amateur theatre company which produces plays and musicals at the Vernal Theatre. Any member of the community is welcome to audition for all roles in all shows. All performers and crew members are volunteers, seeking training and/or a performance outlet.