



# Audition Form Spring 2026 Madagascar



Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Non-Binary \_\_\_ Height: \_\_\_\_\_ Age: \_\_\_\_\_

List roles you are interested in: \_\_\_\_\_

Will you accept a role in the ensemble? YES NO (circle one)

Dance experience (years/type): \_\_\_\_\_

Audition Song Selection: \_\_\_\_\_

**EXPERIENCE:** Attach resume or write experience on back.

**CONFLICTS:** List any conflicts you may have with rehearsals and/or performances. Please refer to the rehearsal schedules posted. Note: Listing conflicts does not guarantee that we can work around them.

Please check here if your conflicts can be changed to accommodate the rehearsal schedule. YES NO

***PLEASE READ:***

**\*\*I understand that if I am cast, I must be available to attend rehearsals and all performances as scheduled. I understand that a **\$300 production fee** will be charged for cast members. There is a \$50 discount for siblings. **Some financial aid for the cast is available. This must be applied for at the callbacks.** I may be required to provide my own shoes, socks and tights for the production.\*\***

Signature of Actor \_\_\_\_\_ Date \_\_\_\_\_ Age (if minor) \_\_\_\_\_

Signature of Parent (if actor is minor) \_\_\_\_\_

Print name \_\_\_\_\_ Email\* \_\_\_\_\_

\*email information will be retained for continued communication about CCT's ongoing events, shows, and workshops.

Please let us know if you **do not** want this email address used for a source of communications by checking here: OPT OUT -

\*How did you hear about this audition notice? word of mouth  email  website  previous show playbill  Facebook