Rockville Little Theatre

The Grapes of Wrath (please print all information)

Name:	Cell Phone:				
Email:	mail: Home Phone:				
Address:					
City, State, Zip:					
Pronouns:	/ Age Range:		Height:		
Hair Color:	Cut/Color Hair?	Yes No	Wear Wig?	Yes No	
Are you interested in	n a particular role (or roles)?				
If so, will you accep	at another role? Yes No				
Are you available fo	or callbacks? Yes No	_			
Please list your theat	trical and/or technical experience	e, training, etc., inc	luding names o	f plays, roles,	
participating groups	, and any other pertinent inform	ation (or, you may	attach a resum	e):	
If you are not cast in	n this production, would you be	interested in worki	ing in the tech a	area? If so, please	
specify (lights, soun	nds, costumes, props, construction	on, etc.):			
How did you learn a	about auditions? (name of websi	te, social media, ema	ail, friend, etc.):		
Please read and	acknowledge:				
I understand that, if	I am cast and accept a role in th	is production, I am	n required to be	come a member of	
RLT. Membership i	is \$25 and includes two complin	nentary tickets to 7	The Grapes of V	Wrath and voting rights	
at the annual meetin	ng in June. Membership is good	for one fiscal year.	A \$10 produc	tion membership is also	
available and includ	les one complimentary ticket and	d no voting rights a	are conferred.		
(No one will be den	ied participation due to a financ	ial hardship. Spea	k privately with	n the producer if you	
have any concerns a	about membership.) I also agree	e, if I am cast, to all	low the use of r	my image as it relates to	
the production for p	ublicity and marketing purposes	s without additiona	l notification of	or compensation.	
Signature:		Date:			