



RAINBOW COMPANY – AUDITION FORM

Charleston Heights Arts Center

800 S. Brush St., Las Vegas, NV

Please print and bring this form to the audition.

Show Title Auditioning For: _____

STUDENT INFORMATION

Student Name: _____ **Age:** _____

Email Address: _____ **Height:** _____ **Hair Color:** _____

Primary Phone Number: _____

Parent / Guardian Name: _____

Parent / Guardian Phone Number: _____

AVAILABILITY & EXPERIENCE

Known conflicts during the rehearsal and performance period (refer to Civic Rec for dates): Please list below.

Previous theatre experience (if any):

If not cast, would you be willing to work in a technical theatre (tech) position? (Props, Costumes, Run Crew, Etc...)

Yes ☐ No ☐

Do you have reliable transportation? Yes ☐ No ☐

Desired role(s): List specific characters or put ANY.

Are you willing to accept any role? Yes ☐ No ☐

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number: _____

May we text this number? Yes ☐ No ☐

OPTIONAL

☐ Resume attached

☐ Headshot attached

By signing below, I acknowledge that I am auditioning for a Rainbow Company production.

Student Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____