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## Rockville Little Theatre

## Veronica's Room

(please print all information)

Name:	Cell Phone:  Home Phone:			
Email:				
Address:				
City, State, Zip:				
Pronouns:	/ Age Range:		Height:	
Hair Color:	Cut/Color Hair?	Yes No	Wear Wig? Yes No	
Are you interested i	in a particular role (or roles)?			
If so, will you accer	pt another role? Yes No			
	for callbacks? Yes No			
	atrical and/or technical experience		uding names of plays, roles,	
participating groups	s, and any other pertinent inform	nation (or, you may	attach a resume):	
If you are not cast in	n this production, would you be	interested in worki	ng in the tech area? If so, please	
specify (lights, sour	nds, costumes, props, construction	on, etc.):		
How did you learn a	about auditions? (name of websi	te, social media, ema	il, friend, etc.):	
Please read and	acknowledge:			
I understand that, if	f I am cast and accept a role in th	nis production, I am	required to become a member of	
RLT. Membership	is \$25 and includes two complir	nentary tickets to th	ne production and voting rights at the	
annual meeting in J	June. Membership is good for on	e fiscal year. A \$10	0 production membership is also	
available and includ	des one complimentary ticket an	d no voting rights a	re conferred.	
(No one will be den	nied participation due to a financ	ial hardship. Speak	x privately with the producer if you	
have any concerns a	about membership.) I also agree	e, if I am cast, to all	ow the use of my image as it relates to	
the production for p	publicity and marketing purposes	s without additional	notification or compensation.	
Signature:		Date:		