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Rockville Little Theatre

The Foreigner (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 in	n a particular role (or roles)?				
If so, will you accep	t another role? Yes No				
Are you available fo	or callbacks? Yes No				
Please list your theat	trical and/or technical experience	, training, etc., incl	uding names of plays, roles,		
participating groups,	, and any other pertinent informa	ation (or, you may	attach a resume):		
-			ng in the tech area? If so, please		
			il friend etc.).		
Please read and		e, sociai media, ema	il, friend, etc.):		
	G	:			
	•	•	required to become a member of		
_	_	-	The Grapes of Wrath and voting rights A \$10 production membership is also		
	es one complimentary ticket and	-	_		
	1	2 2	re conterred. A privately with the producer if you		
			ow the use of my image as it relates to		
•	ublicity and marketing purposes	· · · · ·	•		
Signature:		Date			