Connecticut Theatre Company Audition Form Audition #					
Name:	Pronouns:				
E-Mail:					
Contact Number(s):					
Are you willing/able to receive texts	at this number?				
City: State:					
Preferred Role(s):					
Other role(s) you may accept if offer	ed (you will not be co	nsidered for any role y	you have not listed):		
Where did you hear about these aud	ditions?				
Please use the following section to li form. We welcome new performers of	ist your prior theatre ε	experience or attach y			
Play	Role	Theatre	Date		
We anticipate rehearsals will be held weekend until the tech week for the list any and all dates you will be una	show, when rehearsa	I will become a nightly	•		

Sordid Lives Disclosure Form

This production may require specific intimate situations. By saying that you are comfortable with any of the situations does not necessarily mean that you will be required to do so in the production, but will help our production team make decisions. Please respond and sign at the bottom of this page.

Are you comfortable with the following situations during the rehearsal period and the shows?

EVERYONE

	YES	NO	LET'S TALK
Simulated Gunfire and Onstage Prop Firearms			
Using Prop Firearms On Stage			
Staged Violence			
Touching Other Actors/Being Touched By Actors			
Using Adult Language/Cursing			
Homosexuality			
FEMALE PRESENTING ONLY	•		
	YES	NO	LET'S TALK
Having Your Shirt Open, Showing Your Bra			
MALE PRESENTING ONLY			•
	YES	NO	LET'S TALK
Being Shirtless			
Having Your Shirt Fully Unbuttoned			
Having Your Shirt Partially Unbuttoned			
Wearing Underwear Only			
Dressing In Drag			
Is there any info you want us to know regarding the situations	s listed above?		
Signature:	Date: _		

☐ I certify that I am above the age of 18 and authorize the use of my image Video/Still for the production promotion and web site as needed.