



**AUDITION INFORMATION**  
**Skin Flick**  
**Shows: June 11 - 14**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email (PRINT) \_\_\_\_\_ Cell \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_

Acting experience relevant to this production (you may attach a résumé)

\_\_\_\_\_

\_\_\_\_\_

List any conflicts you have between April 21 and June 14. All cast must attend all rehearsals during tech week (June 6 - 10):

\_\_\_\_\_

How do you find out about auditions? \_\_\_\_\_

Are you currently rehearsing in another show? \_\_\_\_\_ yes \_\_\_\_\_ no

Emergency Contact: Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

I grant permission to use my or my child's name and image in any publicity whether by print or electronic means for publicity or advertisement. This includes, but is not limited to newspapers, magazines, radio, television, the internet and social media.

**I understand Daytona Playhouse has a code of behavior and does not tolerate nor allow discrimination on our premises of any individuals with regard to age, disability, ethnic origin, gender, language, race, religious beliefs and/or sexual identity. Nor does the Daytona Playhouse permit abusive peer activities such as ridiculing and bullying.**

Actor Signature: \_\_\_\_\_

Parent Signature (if actor is under the age of 18) \_\_\_\_\_