

**Cast Audition Contract Due at Time of Audition**

**Holy Cross Academy, “Wizard of Oz, Young Performers’ Edition.”  
AUDITION FORM CONTRACT- Due at Time of Audition to Ms. Ramos**

By signing below, I understand that I am expected to attend ALL practice times. If I am to be absent, my parent/guardian will notify Ms. Ramos of my absence in writing prior to the practice. Rehearsals for students in grades 4th-8th will be held after school on Mondays, Wednesdays, and Thursdays from 3:20-5:00pm beginning on Wednesday, Nov. 2nd. Students will be scheduled to rehearse during these times by scenes. They will not need to be present if their scene is not called to be rehearsed. A rehearsal schedule will be provided. First run through reading for lead roles only will be Wednesday, Nov. 2nd from 3:20-5:00 pm. I understand that some practices may be held (if needed closer to performance dates) on Sunday afternoons after mass times. (TBA). Technical Rehearsals will be Sunday, March 19th- Thursday, March 23rd with performances on Friday, March 24th and Saturday, March 25th. (Times TBD). During this time, NO absences (excluding any exonerating circumstances) are permitted by any cast member. I will reserve this entire week in my schedule before auditioning for this show. My parents/guardians agree to help out in volunteer interest areas, and to pick me up on time after rehearsals.

Student Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**Cast Information**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Part Auditioning For: (grades 6<sup>th</sup>-8<sup>th</sup> only)  
\_\_\_\_\_  
(please note that you may be casted in a different role)

Parent’s/Guardian’s Names  
\_\_\_\_\_

Parent’s/Guardian’s Cell phone: \_\_\_\_\_

Parent’s/Guardian’s Email address: \_\_\_\_\_

Please list any after school or Sunday afternoon activity that we need to be aware of:  
\_\_\_\_\_  
\_\_\_\_\_