



TATER PATCH PLAYERS

AUDITION & RELEASE FORM



Name: _____

Address: _____

Phone No.: _____ Alternate: _____

Email: _____

Age: _____ Height: _____ Gender: M ☐ F ☐

Sing: Y ☐ N ☐ If yes, vocal range: _____

Dance: Y ☐ N ☐ If yes, type(s): _____

If Auditioning for Particular Role (which): _____

Experience: _____

Talent/Skills: _____

Can you or others help with production (sew, paint, publicity, box office, stage hand, etc.)?

Unavailability Schedule: _____

Participant Release: I authorize Tater Patch Players, and those acting pursuant to its authority, to (1) Record my participation and appearance on videotape, audiotape, film, photograph or any other medium; (2) Use my name, likeness, voice and/or biographical material in connection thereto; and (3) Exhibit or distribute such material in whole or in part without restrictions or limitation for any publicity or promotional purpose which Tater Patch Players, and those acting pursuant to its authority, deem appropriate.

Signature: _____

Parent/Guardian Signature (if under 18): _____

Date: _____