

**LAS VEGAS BLACK GOSPEL THEATRE, INC. (LVBGT)  
AUDITION FORM**

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**Please Print - Thank You!**

Audition Date: \_\_\_\_\_ Name of Play: \_\_\_\_\_

Role Preference: \_\_\_\_\_ State Why On Next Page.

Your Name: \_\_\_\_\_  
(As You Want It To Appear On A Program)

Place of Birth: \_\_\_\_\_ Resided In Las Vegas Since: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number) (Street Name) (Apt. #) (City) (Zip Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Hours Available)

Occupation: \_\_\_\_\_

Do You Wear Glasses? \_\_\_\_\_

Can You Perform Without Them? \_\_\_\_\_

Are You Currently Taking Medication? \_\_\_\_\_

Do You Have A Physical Or Medical Problem Which Might Affect Your Work In This

Production? \_\_\_\_\_ If Yes, Please Explain: \_\_\_\_\_

Name Of Your Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Church Phone Number: \_\_\_\_\_

Do You: Sing? \_\_\_\_\_ Read Music? \_\_\_\_\_ Dance? \_\_\_\_\_ Type Of Dance? \_\_\_\_\_

Play An Instrument/s? \_\_\_\_\_ Which One/s? \_\_\_\_\_

Other Special Abilities Or Talents? \_\_\_\_\_

If Cast, Will You Accept Any Role? \_\_\_\_\_ Are You Interested In Working On A Theatre

Crew? \_\_\_\_\_ Crew Preference: \_\_\_\_\_

## AUDITION FORM

IMPORTANT: PLEASE CHECK ALL REHEARSAL SCHEDULES AND PERFORMANCE DATES, TIMES, AND PLACES FOR CONFLICTS OR POSSIBLE CONFLICTS. WILL YOU BE AVAILABLE ON THE DATES, TIMES, AND PLACES LISTED? \_\_\_\_\_

PLEASE STATE WHAT MIGHT BE A PROBLEM FOR YOU: \_\_\_\_\_

If You Are Under 18 Years Of Age, Your Parents Must Give Written Permission For Participation In This Production! Parents! Please Read And Sign Below:

I give permission for my child, \_\_\_\_\_ to participate in this production,  
(Name Of Child)  
and agree to the terms of the: Hold Harmless And Blameless Waiver on the final page of this form.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name In All CAPS: \_\_\_\_\_

### PLEASE NOTE!

ACCEPTING A ROLE IN A PLAY IS A SERIOUS COMMITMENT.  
BE SURE THAT YOU ARE ABLE TO FULFILL THAT COMMITMENT  
BEFORE YOU ACCEPT THE ROLE.

PLEASE SIGN BELOW TO ACKNOWLEDGE THAT YOU HAVE READ ALL OF THE  
AUDITION MATERIAL, INCLUDING THE STATEMENTS LISTED ON THE FINAL PAGE OF  
THIS FORM CONCERNING CASTING COMMITMENTS, INSURANCE COVERAGE, AND  
THE:  
Hold Harmless And Blameless Waiver Form.

Your Signature: \_\_\_\_\_

Please Print Your Name In All CAPS: \_\_\_\_\_

**CASTING COMMITMENTS, INSURANCE COVERAGE INFORMATION, HOLD HARMLESS AND BLAMELESS WAIVER FORM**

- One:** LVBGT Reserves The Right To Pre-Cast And/Or Double Cast Each Role.
- Two:** If A Production Is Invited And/Or Scheduled To Perform Out Of The City; If Those Who Are Cast Are Invited To Participate And They Agree To Do So, A Written Agreement Will Be Signed Regarding Rehearsals And Performances.
- Three:** Only Emergency Health Problems Will Be Recognized As Legitimate Reasons For Leaving A Cast During Rehearsals Or Performances.
- Four:** If A Person Fails To Fulfill His/Her Commitments To A Production, The Theatre Will Impose A One-Year Probation Upon That Person. That Person, However, May Appeal To The Theatre's Board Of Directors, Who Will Hear The Appeal And Take Action On It.
- Five:** All Special Physical Requirements And/Or Make Up Requirements Will Be Made Clear Before The Casting Of Those Roles.
- Six:** Casting Of Plays Will Be Conducted In A Manner Which Will Give Equal And Fair Consideration To All People, Including Disabled Persons.

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Please Briefly State Why You Would Like To Be Cast In A Particular Role, (If A Role Preference Was Given On Page 1):

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PLEASE NOTE: Please Be Aware That The Las Vegas Black Gospel Theatre, Inc. DOES NOT Insure You Against Accidental Injuries Which You May Sustain While Participating In Any Way With Our Theatre.

PLEASE NOTE: You Are Encouraged To Protect Yourself By Making Arrangements To Carry Personal Injury Insurance Appropriate To Your Personal Need.

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PLEASE READ CAREFULLY BEFORE SIGNING BELOW:

IN CONSIDERATION FOR MY PARTICIPATION IN A LVBGT PRODUCTION, I AGREE THAT MY PHOTOS AND/OR VIDEO SHOTS MAY BE USED FOR THEATRE PROMOTIONAL PURPOSES. I HEREBY ALSO AGREE FOR MYSELF, MY HEIRS, MY EXECUTORS AND ADMINISTRATORS, HOLD HARMLESS AND BLAMELESS, WAIVE AND RELEASE ANY AND ALL CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE LVBGT, ITS INDIVIDUAL BOARD MEMBERS, OTHER CAST MEMBERS, ALL OFFICERS AND AGENTS, FOR ANY COST OR EXPENSE THAT I MAY SUFFER WHILE PARTICIPATING WITH THE THEATRE. I HAVE READ THE ABOVE HOLD HARMLESS AND BLAMELESS WAIVER, AND VOLUNTARILY SIGN IT:

\_\_\_\_\_  
Your Signature Here. Please Do Not Print.

\_\_\_\_\_  
Please Print Your Name In All CAPS.

\_\_\_\_\_  
Date

