

Contact Information Participation Agreement and Photo Release

FIRST NAME:		LAST NAME:			
Are you over 18?	☐ YES	□ No*	Birthdate (if under 18):		
Mailing Addre	ss:				
EMAIL:					
PHONE NUMBER:					
If I accept a role with and performances. I rehearsal schedule with the performance date understand that I will (either immediately for permission of the I understand that a cost not to exceed \$ I grant permission the activities of Stower I understand that I	th Stowe Theatre Guil will not be absent until be build based on a s. I have listed all knows the required to attent following the final performant to the section of the s	d, I will make meless I have been the cast's collect own and/or antification and tech rehears and the asked to provill be my propertial to use my propertial	exervited and be on time, for a given prior approval by the directagive conflicts, with additional rehear cipated rehearsal schedule conflicts, all dress rehearsals and to help with enext day). I will not add new schedule or purchase shoes or another purty after the run of the show. The bhotograph, video and/or personal and the conditions and agree to the conditions.	all scheduled rehearsals or. I understand that a reals as we get closer to on my audition form. I th strike after the show edule conflicts without eart of their costume at statements to publicize oct set up by the produc-	
Signature:			Date:		
to participate in the show	, and no show content wil	l be censored to acc	listed above on behalf of my child. If cast, r ommodate my child.		
	nis request. Ability/inability to		vill NOT be a factor in casting. Stowe Theatre G		
☐ YES! Please add r	ne to your list for vol	unteers!			
Area(s) of skill/intere	st:				
	•		cing Choreography _		
_			ng Sour		
Props	_ Set Building	Set Painti	ng Ushering/Box Office	STG Board	