	AUDITION	I FORM	
AMOGORDO MUSIC theatre			#
Show			Date
Name			Age
Parent/Guardian Name (if Minor)			Relationship to Minor
Phone	Email Addre	ss	
May we contact you about future AMT	shows and Events?		Yes No
I would like to be considered for the fo	llowing role(s):	Vocal Range	
If you are interested in production wor	k, please indicate in which are	a(s) you might like	e to work:
Set Construction	Costume/Makeup	Other:	
Set Painting	Props		
Lighting	Stage Crew		
Sound	Orchestra		
Usher	Box Office		
	ny potential conflicts, please in		sent, but all of the people who have to work (Continue on the back of the form if necessary)
I hereby agree to release and hold harr from and for any accident or injury res Furthermore, I acknowledge that photo	nless the Alamogordo Music T ulting from or during rehearsa	l and production.	
Signature			Date

If the person signing above is under 18 years of age, a parent or legal guardian must also sign.