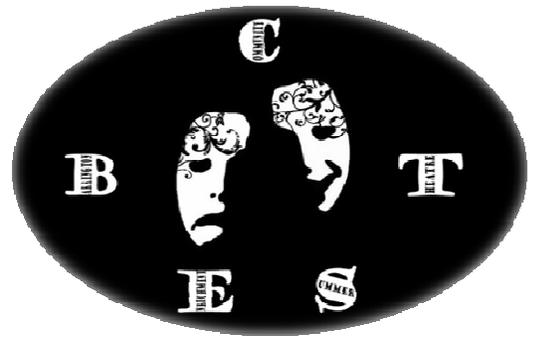


BARRINGTON COMMUNITY
 THEATRE PROGRAM ~*Spring* 2016
 March 21, 2015 TO June 4, 2016
 6:00 P.M. – 8:00 P.M.
 MONDAY/TUESDAY/WEDNESDAY*



*Rehearsals may not take place during all three days. Contact us for further scheduling info at:
Kelly.CommunityTheatre@yahoo.com

Auditions for all actors are on March 21st and 23rd from 6-8 pm.

Show dates are scheduled for May 27th and June 4th

PLEASE COMPLETE THE TWO PAGE REGISTRATION FORM BELOW:

ACTOR'S NAME _____ AGE _____ DOB _____ M ___ F ___ O ___

ADDRESS _____ HOME PHONE _____

PARENT/GUARDIAN _____ CELLPHONE _____

EMERGENCY CONTACT PERSON _____ PHONE _____

PARENT/GUARDIAN EMAIL _____ ACTOR'S EMAIL _____

KNOWN ALLERGIES FOR YOUR CHILD _____

PLEASE TELL US ABOUT YOUR CHILD (interests, personality, experience in theatre)

FEE STRUCTURE:

REGISTRATIONS RECEIVED BY MARCH 11, 2016

\$275 RESIDENT / \$300 NON-RESIDENT

RECEIVED FROM MARCH 12 TO MARCH 18, 2015

\$300 RESIDENT / \$325 NON-RESIDENT

IF RECEIVED MARCH 21-23

\$325 RESIDENT / \$350 NON-RESIDENT

REGISTRATIONS WILL NOT BE ACCEPTED AFTER MARCH 23, 2016

Please make checks payable to "TOWN OF BARRINGTON" and return to the Recreation Department,
 Barrington Town Hall 283 County Road Barrington, RI 02806 (247-1900 x 381).

***NOTE: \$30.00 PROCESSING FEE FOR EARLY WITHDRAWALS
 NO REFUNDS AFTER THE CAST FOR THE PERFORMANCE IS SELECTED.***

AMOUNT PAID \$ _____ CHECK # _____ CASH \$ _____



~~> Please prepare a one minute monologue or poem to perform at auditions for assessment and placement purposes.

A NOTE ABOUT OUR AUDITIONS AND READ-THROUGHS:

Auditions and read-throughs are *not* a one night, show up and leave event. They are a multi-night experience where our actors get to know one another and become comfortable. We do monologues as well as several nights of cold readings from the scripts along with games and other theatrical exercises.

All actors will be cast in shows! The purpose of the multi-day audition and read through process is to suitably fit actors to roles that best showcases each actor's individual talents.

Auditions for all actors are on March 21st and 23rd from 6-8 pm.

WAIVER

Must be filled out and returned with your child's registration form

I, THE PARENT/GUARDIAN OF (ACTOR'S NAME) _____,
HEREBY GIVE MY APPROVAL FOR HIS/HER PARTICIPATION IN ANY/ALL ACTIVITIES
DURING THE CURRENT **BARRINGTON COMMUNITY THEATRE WINTER PROGRAM**. I
assume all risks and hazards incidental to such participation, including transportation to and from such
activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless all individuals
responsible for the conduct or activity involving my child.

SIGNATURE _____
PARENT/GUARDIAN

*Photographs of your child participating in the program may be taken and used for promotional reasons. If you object to the use of your child's image, please submit this in writing for our records.
Thank you.*



Break a leg!