

Please complete all four pages.
Submit one form PER actor.

Audition Form Fall 2025

Audition Number _____
(Office use only)

ACTOR'S INFORMATION

Age: _____

Gender: _____

Actor's Name (first/last): _____

Date of Birth (mm/dd/yyyy): _____

Actor's E-Mail: _____

Primary Phone: _____

Address: _____ Apt/Unit: _____

City: _____ Zip: _____ Actor's Cell: _____

PARENT/LEGAL GUARDIAN INFORMATION

Name (first/last): _____

Name (first/last): _____

Date of Birth (mm/dd/yyyy) : _____

Date of Birth (mm/dd/yyyy) : _____

Cell Phone: _____

Cell Phone: _____

E-Mail: _____

E-Mail: _____

Relationship to Actor: _____

Relationship to Actor: _____

What languages are spoken at home? _____

Allergens/makeup/fabric issues: _____

What accommodations or support do you need to succeed (Mobility support, large font size, etc.)?

of BYT plays done? _____ Name/Year of last BYT play? _____

Please cast me with: (**Must request each other.** May affect part size.)

TEENS: Are you comfortable playing a romantic opposite? Yes No I'd like to talk about it.

Rank the shows below, 1 through 4: 1 = want to do the most; 4 = want to do the least. Please leave blank if you are not available. The more casts you select, the greater your opportunity for a better part.

	GIVE ME THE BEST POSSIBLE ROLE. I'm available for any show!	
	<i>Phantom</i> : 5:00-7:00 pm	
	<i>Wendy and Peter: Into Neverland</i> : 5:00-7:00 pm	
	<i>The Wonderful Wizard of Oz</i> : 5:30-7:30 pm	
	<i>Elf JR.</i> : 5:00-7:00 pm	

I give my permission for my contact information to be shared with the Bellevue Youth Theatre Foundation.

Yes No

I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) during City of Bellevue activities and authorize the Bellevue Youth Theatre Foundation to copyright, use, and publish the same.

Yes No

Rehearsal Commitment

ACTOR'S NAME: _____

I understand that I may be DROPPED from a show for any of the following reasons:

- I have three unexcused absences and I do not call in.
- I cannot make the rehearsals or performances during tech week.
- **Conflicts not listed on the Conflict Calendar including any conflicts during tech week or performances.**
- Improper behavior.
- Change in appearance without the director's approval (for example: hair cut or colored, piercings, etc.)
- Nonpayment of the \$150 non-resident fee by the completion of the first week of rehearsals (only applicable to non-Bellevue residents).

_____ I have read the rules above and understand the expectations and the conflict policy.
(**Box must be checked**).

WAIVER OF LIABILITY/PHOTO & VIDEO RELEASE **PLEASE READ CAREFULLY**

In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in the City-sponsored activity(ies) identified herein, I ASSUME ANY AND ALL RISKS, INCLUDING RISK OF INJURY OR DEATH, associated with my or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and RELEASE any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in the City-sponsored activity(ies) identified herein. I acknowledge that I have carefully read this WAIVER OF LIABILITY and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the City of Bellevue in connection with the use of City facilities or participation in the City-sponsored activity stated below.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) during City of Bellevue activities and authorize the City of Bellevue to copyright, use, and publish the same. I understand I am waiving any right of privacy, compensation, copyright or other ownership right connected to the photo or recording. If you do not give permission to have photos and/or video and audio taken of you or your child(ren), please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

I acknowledge that I have carefully read this WAIVER OF LIABILITY / PHOTO & VIDEO RELEASE and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Bellevue in connection with my or my child(ren)'s participation in this activity.

ADULT PARTICIPANT OR
PARTICIPANT'S PARENT/LEGAL GUARDIAN SIGNATURE

DATE

PRINTED NAME

Registration NOT VALID without signed waiver.

ACTIVITIES CALENDAR

Submit one completed calendar PER actor

ACTOR'S NAME: _____ Check here if you have no conflicts

SEPTEMBER 2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
14	15 Phantom starts	16	17	18	19	20
21	22 Other shows start	23	24	25	26	27
28	29	30	Oct 1	Oct 2	Oct 3	Oct 4

September 15th: ALL CAST - **Phantom** (BYT)

September 16th: ALL CAST - **Phantom** (BYT)

September 22nd: ALL CAST - **Wendy and Peter: Into Neverland** (SBCC), **The Wonderful Wizard of Oz** (BYT), **Elf JR.** (BYT)

September 23rd: ALL CAST - **Wendy and Peter: Into Neverland** (SBCC), **The Wonderful Wizard of Oz** (BYT), **Elf JR.** (CCC)

BYT-Bellevue Youth Theatre; CCC-Crossroads Community Center; SBCC-South Bellevue Community Center

OCTOBER 2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20 TECK WEEK Phantom	21 TECK WEEK Phantom	22 TECK WEEK Phantom	23 TECK WEEK Phantom	24 SHOW Phantom	25 SHOW Phantom
26 SHOW Phantom	27	28	29	30	31 NO REHEARSAL	Nov 1 SHOWS Phantom

Phantom – NO CONFLICTS OCTOBER 20th-26th and NOVEMBER 1st-2nd

**Only write conflicts your actor has between 5-7:30 pm on the days we rehearse.
Activities will NOT be excused during tech week or performance dates.**

ACTIVITIES CALENDAR

Submit one completed calendar PER actor

NOVEMBER 2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
2 SHOW <i>Phantom</i>	3 TECH WEEK <i>Wendy/Peter</i>	4 TECH WEEK <i>Wendy/Peter</i>	5 TECH WEEK <i>Wendy/Peter</i>	6 TECH WEEK <i>Wendy/Peter</i>	7 SHOW <i>Wendy/Peter</i>	8 SHOW <i>Wendy/Peter</i>
9 SHOW <i>Wendy/Peter</i>	10	11 NO REHEARSAL	12	13	14 SHOW <i>Wendy/Peter</i>	15 SHOWS <i>Wendy/Peter</i>
16 SHOW <i>Wendy/Peter</i>	17 TECH WEEK <i>Wizard/Oz</i>	18 TECH WEEK <i>Wizard/Oz</i>	19 TECH WEEK <i>Wizard/Oz</i>	20 TECH WEEK <i>Wizard/Oz</i>	21 SHOW <i>Wizard/Oz</i>	22 SHOW <i>Wizard/Oz</i>
23 SHOW <i>Wizard/Oz</i>	24	25	26	27 NO REHEARSAL	28 SHOW <i>Wizard/Oz</i>	29 SHOWS <i>Wizard/Oz</i>
30 SHOW <i>Wizard/Oz</i>	Dec 1 TECH WK <i>Elf JR.</i>	Dec 2 TECH WK <i>Elf JR.</i>	Dec 3 TECH WK <i>Elf JR.</i>	Dec 4 TECH WK <i>Elf JR.</i>	Dec 5 SHOW <i>Elf JR.</i>	6 SHOW <i>Elf JR.</i>

DECEMBER 2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7 SHOW <i>Elf JR.</i>	8 NO REHEARSAL	9 NO REHEARSAL	10 NO REHEARSAL	11 NO REHEARSAL	12 SHOW <i>Elf JR.</i>	13 SHOWS <i>Elf JR.</i>
14 SHOW <i>Elf JR.</i>						

Wendy and Peter: Into Neverland – NO CONFLICTS NOVEMBER 3rd-9th and NOVEMBER 14th-16th

The Wonderful Wizard of Oz – NO CONFLICTS NOVEMBER 17th-23rd and NOVEMBER 28th-30th

Elf JR. – NO CONFLICTS DECEMBER 1st-7th and DECEMBER 12th-14th

Only write conflicts your actor has between 5-7:30 pm on the days we rehearse.
Activities will NOT be excused during tech week or performance dates.

COMPLETE ALL FOUR PAGES