

THIS PAGE MUST BE SIGNED BY BOTH THE PERFORMER AND PARENT/GUARDIAN.

We, _____ and _____ understand and agree to the following:
(Performer's name) (Parent/guardian name, if under 18)

Durham Ballet Theatre Show Bible

This handbook is filled with important information and instructions and a list of expectations and can be found online at www.DurhamBalletTheatre.org. We will email to cast members when we email cast notices. You must read/be familiar with this prior to the cast meeting.

Costume Fee

If cast Cinderella, there is a costume fee, dependent upon the number of roles. This fee is nonrefundable and due at the first rehearsal. 01/20/2018 at 3pm. Our Returned Check Charge is \$35.00.

Expectations

I/We understand there is an expectation to volunteer, promote and meet sales requirements for the production as outlined in the Show Bible.

Attendance/Tardiness:

I/We understand prompt attendance to all scheduled rehearsals is mandatory. If I miss more than one (1) rehearsal I understand I may be removed from the piece. I must inform Durham Ballet Theatre if I have to miss a rehearsal AT LEAST 2 weeks prior to rehearsal by e-mail to rehearsal@DurhamBalletTheatre.org. I understand I must not involve myself in any activity that conflicts with my responsibilities to the production. (If there are family plans already in place, that cannot be changed, please do not audition). [SAT or similar and Audition dates should be emailed immediately and are exempt from the 1 rehearsal rule]

Illness or Family Emergency:

In the event of illness or family emergency, I/We understand it is our responsibility to contact the director or the rehearsal mistress prior to the rehearsal. Each case will be dealt with individually. Any absence may result in removal from the show. Email: rehearsal@DurhamBalletTheatre.org

Code of Conduct:

As a member and representative of this Company, I/we will behave in a professional manner at rehearsals and performances. Additional information included in the *Show Bible*.

Photographic Release:

I/We understand and agree that for promotional, publicity or commercial advertising purposes of the show, DBT shall have the right to use a photograph, videotape, voice or other likeness from auditions, rehearsals, and performances

Performer signature

Parent signature (if under 18)

Date

- 1) Complete Form (both sides)
- 2) Pay Audition Fee \$15
- 3) Return completed form to registration table for your audition number

Durham Ballet Theatre

608 N Duke Street, Durham NC 27701 www.durhamballettheatre.org 919-680-4363

Aerial Audition Sheet

Number _____

Name _____ Date _____

Adult Email Address _____

Address _____

Phone (Cell) _____ (Home) _____

Age _____ Grade _____ Self- Identified Gender _____

School: _____

How many years have you studied:

Dance _____ Type of Dance _____

Aerial Silks _____ Aerial Lyra _____

Other Aerial: _____

Do you currently have any injuries? If so, please list them: _____

I am auditioning for (circle one):

Senior Corps (Intermediate/Advanced) OR Junior Corps (Beginning/Beginning Intermediate)

Solo Aerial Silks _____ Solo Aerial Lyra _____ (Rehearse twice or more/week)

Demi-Soloist Aerial Silks _____ Demi-Soloist _____ (Rehearse once/week)

Corps _____ (Rehearse once/week)

*If you are cast in a Principal Role, you must be able to attend **ALL** rehearsals and agree to do **NO OTHER contact sports or track and field** during the rehearsal period !!!! Rehearsals will be on Saturday and/or Sundays and will begin*

Saturday January 20th at 3pm with a FULL COMPANY meeting.

***** Please let us know if you have any availability issues on the weekends*****

Audition Fee paid: _____

- 1) Complete Form (both sides)
- 2) Pay Audition Fee \$15
- 3) Return completed form to registration table for your audition number

If you wish to make this commitment, please sign below.

Dancer signature

Parent signature

***** Please let us know if you have any availability issues on the weekends*****

Audition Fee paid: _____