



2011 Annual Auditions & Designer Showcase Registration Form

Please type/print neatly and return as soon as possible, & no later than Monday, May 23, 2011.

Participant(s) Information:

Organization _____

Address _____

City/State/Zip _____

Casting Representative _____ Title _____

Phone _____ Email _____

Production/Artistic Representative _____ Title _____

Phone _____ Email _____

Type of Actor's Equity contract used (write "N/A" if none is used) _____

Please list the names and titles of all representatives from your company who will attend this year's auditions and showcase. Please check each day he/she will attend.

Casting Representative Information:

- At least one representative must have casting authority for each day your organization plans to attend the auditions. Indicate each representative who has casting authority at your organization with a "C" next to their name.
- The full day will start at 9:30am. Be aware that musical auditions will be everyday starting at 1pm until 3:45pm!!!

NAME	TITLE	6/6	6/7	6/13
Bill Smith (C) EXAMPLE	Artistic Director	X		X

Production/Artistic Representative Information:

- The Designer Showcase starts at 12:00 PM and concludes at 4:30 PM
- You are free to come in at any time during those hours to browse and talk with all designers present.

NAME	TITLE	6/6
Bill Smith EXAMPLE	Production Manager	X

(Please see page two for payment and form submission Information)

Payment Information:

- My organization **is a current member in good standing with the Theatre Alliance** and is not required to pay the daily fee.
- My organization **is not a member of the Theatre Alliance**. Please see fees below.

Number of days attending auditions: _____ x \$50 = _____ (payment enclosed)
Number of days attending showcase: _____ x \$25 = _____ (payment enclosed)
TOTAL: _____

Please make checks or money orders payable to Theatre Alliance of Greater Philadelphia.

Credit Card (circle one) - **VISA** **MASTERCARD** **DISCOVER**

_____ - _____ - _____ - _____ exp. _____

Name as it appears on the card - _____

Send this completed registration form and payment where applicable to:

Theatre Alliance of Greater Philadelphia
Annual Auditions & Designer Showcase Registration
1616 Walnut Street, Suite 1800
Philadelphia, PA 19103.

Or Fax: (215) 413-7155. If faxing, please follow up with a call to our office to confirming receipt (215) 413-7150.
Thank you.