ARIZONA COMMUNITY THEATRE

210 W Central Ave
Coolidge, AZ
act_1@yahoo.com
azcommunitytheatre.com

Disney Winnie the Pooh KIDS

ACTOR'S NAME _____ AGE _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Birth Date: _____ Grade: _____ School: _____

Email to use for show information: _____

Parent/Guaridan Information

Name: _____ Phone: _____
Email: _____
Home Address: (if different than above) _____
City _____ State _____ Zip _____

Emergency Contact

Name: _____ Relationship: _____
Phone: _____

Theatre Courtesy

Are you currently in a theatre production with another group or will you be auditioning for another show during our rehearsal and show schedule? Yes_____ No_____ IF YES, please talk with our director before you leave the auditions.

Costuming

T-SHIRT SIZE: Child S M L XL Adult S M L XL
PANT SIZE: _____
SHOE SIZE: _____

Medical Information

Please list any allergies, medical conditions, medications, or accommodations we should know about:_____
_____

Photo & Video Release

I give permission for photographs and video of my child to be used for promotional materials, social media, website, and advertising. ___Yes ___ No Parent/Guardian Signature _____
Date: _____

Pick-Up Authorization

The following people may pick up my child: (if additional please list them on the back)
Name _____ Phone _____
Name _____ Phone _____

Liability Waiver

I understand that participation in theatre classes, rehearsals, performances, dance, movement, and related activities involves physical activity. I voluntarily assume these risks and release the organization, its staff, instructors, volunteers, and facility from liability for injuries or accidents.

Parent/Guardian Signature _____
Date: _____

CONFLICTS

Please review the rehearsal and show schedule and circle dates you currently will not be able to attend rehearsal. This show has a tight rehearsal schedule so missing rehearsals will affect casting. Once you have commited to this show schedule, any missed rehearsals not recorded on this form could affect your role in the show.

PLEASE REVIEW THESE DATES CAREFULLY AND CIRCLE ANY DATES YOU KNOW YOU WILL BE MISSING REHEARSAL.

JULY 25, 10am - Auditions
AUGUST 1, 6pm- Parent Meeting
Pick up Scripts
Read Through
AUGUST 8, 9-11am - Rehearsal
AUGUST 15, 9-11am - Rehearsal
AUGUST 22, 9-11am - Rehearsal
AUGUST 29, 9-11am - Rehearsal
SEPTEMBER 5, 9-11am - Rehearsal
SEPTEMBER 12, 9-11am - Rehearsal
SEPTEMBER 19, 9-11am - Rehearsal
SEPTEMBER 26, 9-11am - Rehearsal

OCTOBER 1, 6-8pm Dress Rehearsal
OCTOBER 2, 6-8pm Dress Rehearsal

OCTOBER 3, 2pm (call TIme 12:30pm) SHOW
OCTOBER 3, 7pm (call TIme 5:30pm) SHOW
OCTOBER 4, 3pm (call TIme 1:30pm) SHOW

☐ I have no known conflicts at this time and will let you know asap if something does come up.

Additional information you would like to share: (For example: I love to dance, I am very fearful of heights, I love theatre! Etc)_____

_____

_____

SHOW FEE: Choose Fee Option - Fees are due by Aug 8, 2026. We accept: Venmo, Zelle, Cash, and ESA. If paying using ESA funds proof of invoice being submitted is due by Aug 8, 2026.

SHOW FEE: $175 (includes all rehearsals, script, costume and show swag bags.)	☒	$175
SHOW FEE ADD-ON'S: SHOW T-SHIRT	☐	$20
PERSONALIZED SHOW BUTTON	☐	$5
ACT1 SCRIPT BAG	☐	$10
Total Fees Due:		_____

REIMBURSEMENT POLICY

If your child decides to drop out of the show before Aug 8, 2026, you can request a refund of the fees you have paid minus the $80 nonrefundable part of the fee. After Aug 8, 2026 there will be no refunds issued on the fees for this show. Parent/Guardian Signature _____ Date:_____

I UNDERSTAND

~ I understand participating in theatre is like any other team activity. Attendance at every rehearsal is important in order to produce a good show. Actor Signature_____
Parent/Guardian Signature _____ Date:_____

~ I understand it is my responsibility to work on my lines, songs, and dances at home and come to rehearsals prepared and ready to work together with the other cast members.
Actor Signature_____
Parent/Guardian Signature _____ Date:_____

~ I underestand it is my responsibility to read the cast emails sent to my email address and weekly Directors notes on ACT1's website, azcommunitytheatre.com.
Actor Signature_____
Parent/Guardian Signature _____ Date:_____