



NEXT STEP
 Auditions & Interviews
Company, College, & University
REGISTRATION FORM
Please print, legibly:

Organization Name: _____

Contact Person: _____

Mailing Address _____

Phone: (____) _____ e-mail: _____

CONTACT PERSON FOR REPRESENTATIVES YOU ARE SENDING:

How many representatives are you sending? _____ (You may send as many reps. as you wish, at **no charge**)
Please use additional sheets if needed.

	<i>Rep. Name</i>	<i>Phone</i>	<i>E-mail</i>
1. _____	(____)	_____	_____
2. _____	(____)	_____	_____
3. _____	(____)	_____	_____
4. _____	(____)	_____	_____

Of the above representatives, the following would also be **interested in presenting a workshop** at KC/ACTF: *Rep. Name* *Workshop "title" and discipline/focus group (acting, design, etc.)*

1. _____

Discipline: _____

2. _____

Discipline: _____

INTEREST IN TALENT AREAS (check all that apply):

____Actors ____Singers?

____Dancers? *Would you be interested in attending a dance call? If so, please list specific style(s) of interest:* _____

____Directors ____Stage Managers ____Theater Management/Publicity/Front of House

Designers:

___ *Lighting* ___ *Sets* ___ *Sound* ___ *Costume* ___ *Makeup/Hair*

Technicians

___ *Lighting* ___ *Sets* ___ *Sound* ___ *Costume* ___ *Makeup/Hair*

CALLBACK REQUIREMENTS:

___ CD/Tape Player ___ Piano ___ Movement Space ___ Slide Projector ___ Computer
___ Video Project ___ Easel Other: _____

CHECK WHICH OPPORTUNITIES YOU HAVE TO OFFER (you may check more than one):

___ Undergraduate Training ___ Scholarships ___ Summer Stock
___ Internships ___ Teaching Assistantship ___ Graduate Training
___ Year-Round Employment ___ Musical Theatre ___ Cruise Ships/ Theme

Parks

PLEASE SEND REGISTRATION FORM TO:

Dr. Crae Wilson, Next Step Coordinator

Eastern Arizona College, 615 N. Stadium Avenue, Thatcher, AZ 85552

For more information, visit www.kcactf.org or contact Dr. Crae Wilson (928) 428-8460,

Email: Crae.wilson@eac.edu

Organization Name: _____