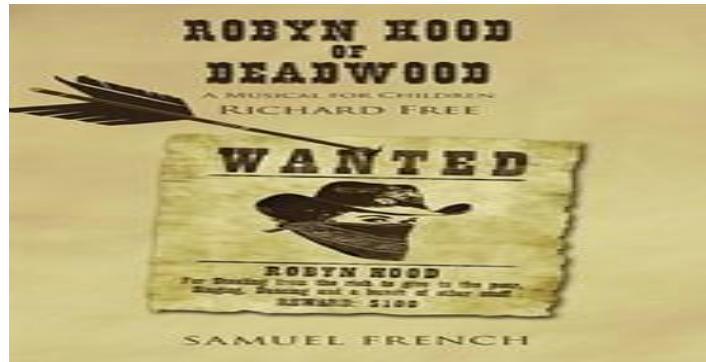


# Community Theatre of Clay County, Inc.

Presents



Notorious female outlaw Robyn Hood is determined to settle scores with John Prince after he stole her father's land, driving her parents to an early grave. Now John has discovered gold on the very same land. However, our heroine is 'darned' if she'll let him keep it. This delightful musical version of the Robin Hood story is relocated to the Wild West where Robyn is accompanied by a band of Merry Gals and her devoted admirer, who is the unfortunately named Marion Wayne.

## Young Actor Audition Form

Audition Dates: Thursday, January 8, 2015 (5:30 p.m.)  
Sunday, January 11, 2015 (2:00 p.m.)

Performance Dates: February 27, 28 and March 1, 2015

Permission slip should be returned to theater staff no later than Sunday, January 11, 2015 and may be returned in advance of auditions by mailing c/o: CTCC, PO Box 102, Brazil, Indiana, 47834.

### Young Actor Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

### Parental Information:

Name of Parent or Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to Young Actor: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

Community Theatre of Clay County, Inc. makes every effort to provide a safe and secure environment for your child during theater practices and performances. In order to better to protect the safety and health of your child, we request that you provide the following information:

In case of an emergency, theater staff will contact the parent listed above. We request that the parent or guardian provide another contact (not living at the same address) that is authorized by the parent or guardian to act on his/her behalf should the parent not be available.

Emergency contact: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to Parent/Student: \_\_\_\_\_

Also if you have made arrangements to have a person other than yourself provide transportation to and from this event, please indicate the name and phone number of such person. Young Actors will not be permitted to leave the theater building until such time as the parent or designated person arrives for pick up.

**Permission Notice:**

My son/daughter \_\_\_\_\_ has permission to participate in Community Theatre of Clay County, Inc.'s Young Actors performance of Robyn Hood of Deadwood and its practices.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

By signing this form, I declare that I am the legal parent/guardian of the minor child listed above and authorized to grant such permission.

**The Theater must charge \$1.00 per child to participate in the Young Actor's Theater performance. This one-time charge covers royalties for performance rights and insurance coverage.**