

Application for Cast Membership
The Rocky Horror Picture Show
Velvet Darkness Cast - Madison, Wisconsin

Name: _____

Email address: _____

Primary phone number: (_____) _____ - _____

Alternative phone number (optional): (_____) _____ - _____

Are you at least 18 years of age? yes / no

Are you willing to commit your Saturday nights to the show? yes / no

Are you able to pay the \$3 per month cast dues? yes / no

Are you willing to be in public in your underwear? yes / no

Please circle the role(s) you would most like to play:

lighting crew props crew Trixie Brad Janet

 Criminologist Riff Raff Magenta

Columbia Frank Rocky Eddie Dr. Scott

What role(s), if any, would you prefer not to play? _____

Have you ever been on a Rocky Horror Picture Show cast? yes / no

If yes, please list the cast name, location, and dates of membership (month/year to month/year) for each cast: _____

What roles have you played regularly? _____

What other roles have you played (even once)? _____

Non-Rocky theater experience, if any: _____

Anything else you'd like to add? _____

