

AUDITION FORM

This form is being completed for the production of ANOTHER Christmas Carol (2017).



First Name: _____

Last Name: _____

Email: _____

Phone: _____

Address: _____

Gender: Male

Female

Other

Age: _____

Aprox. Height: _____

Hair Color: _____

Primary Language:

American Sign Language

Spoken English

Secondary Language:

American Sign Language

Spoken English

Role(s) Interested in: _____

Will you accept a different role if offered? YES NO

Would you be interested in doing backstage work? YES NO

Can you pantomime? YES NO

Can you sing, and if so, what is your vocal range?

Soprano

Alto

Tenor

Baritone

Bass

Please list any instruments you can play: _____

What are you willing to do with your hair? Cut Dye Neither

Do you wear glasses/contacts? YES NO

Do you need them on the stage? YES NO

How did you learn about this audition?

Do you have any training (acting, signing, movement, etc.)? (Classes in school count!) If so, please list/describe below:

Acting Role or Technical Experience	Show's Title	Name of Theatre or Company

Do you have any other special skills or talents not mentioned above?

Please select all times that you will be UNAVAILABLE for rehearsals and performances:

TIME	MON	TUE	WED	THU	FRI	SAT	SUN
10am-11am	X	X	X	X	X	<input type="checkbox"/>	<input type="checkbox"/>
11am-12pm	X	X	X	X	X	<input type="checkbox"/>	<input type="checkbox"/>
12pm-1pm	X	X	X	X	X	<input type="checkbox"/>	<input type="checkbox"/>
1pm-2pm	X	X	X	X	X	<input type="checkbox"/>	<input type="checkbox"/>
2pm-3pm	X	X	X	X	X	<input type="checkbox"/>	<input type="checkbox"/>
3pm-4pm	X	X	X	X	X	<input type="checkbox"/>	<input type="checkbox"/>
4pm-5pm	X	X	X	X	X	<input type="checkbox"/>	<input type="checkbox"/>
5pm-6pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	X
6pm-7pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	X
7pm-8pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	X
8pm-9pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	X
9pm-10pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	X

Please list any additional conflicts (travel, weddings, field trips, etc.):

Please remember that by auditioning an accepting a role if offered you are expected to be available for all rehearsals and performances unless otherwise arranged. Your cast mates and the production staff will be relying on you to follow through on your commitments and in return will not waste your time. Thank you for your interest!

Signature: _____ **Date:** _____

Parent: _____ *(required if under 18)*