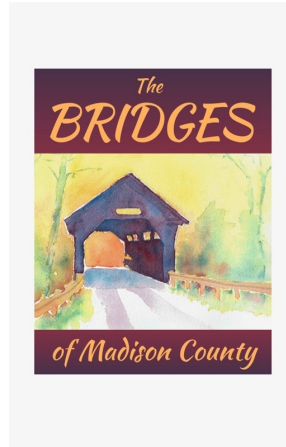


AUDITION NUMBER _____

AUDITION APPLICATION



Original art by Jane Harissis
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NAME: _____

ADDRESS: _____

PHONE NUMBERS: _____

Which is the best phone number to use? _____

E-MAIL (all correspondence will be by e-mail) _____

Name of HOMETOWN NEWSPAPER _____

INFO: How did you learn about the auditions email notification, website, advertisement,
which one? _____, other _____

Are you under the age of 18? YES NO.

I will be auditioning on (please check one)

_____ Saturday, March 3rd @ 9:30-12:30 and 1:30-4:30

_____ Sunday, March 4th @ 10:00-1:00 and 1:00-3:00.

Note: YOU WILL BE NOTIFIED OF AUDITION RESULTS BY EMAIL

Note: Your audition starts the moment you enter the theatre on the day of the auditions. Your ability to take direction as an actor also includes your ability to follow directions at auditions.

Are you interested in a specific role? YES NO. If yes, which one: _____

Are you willing to accept a role other than the role you have listed above? YES No. **Note: IF NO, WE WILL TAKE YOU AT YOUR WORD AND WILL NOT CAST YOU IN ANY OTHER ROLE.**

PLEASE CONSIDER YOUR ANSWERS CAREFULLY and CHECK YES or NO (Answering yes or no

will not automatically eliminate you from being cast, but it may reduce your chances.)

If Necessary, would you CUT/COLOR YOUR HAIR? YES NO

If Necessary, would you SHAVE YOUR BEARD OR MUSTACHE? YES NO

If Necessary, would you gain/lose weight? YES NO

Are you allergic to makeup? Unknown YES NO

Do you have any physical limitations that restrict your movement (back, knees)? ... YES NO

If yes, please explain the limitations _____

Do you read music and do you play an instrument? YES instrument _____ NO

Are you willing to say the words, SHIT or swear on stage? YES NO

For the roles of Robert and Francesca, there are love scenes. Are you willing to embrace and kiss passionately? YES NO

For the role of Francesca in the second act, are you willing to be made up so that you look 10-20 years older? YES NO

Are you willing to act as if you are drinking on stage? YES NO

SCHEDULE COMMITMENT: Rehearsals will begin XXX at a place to be announced. Not all cast members will be required to attend all rehearsals. THE SCHEDULE IS POSTED A SEPARATE SHEET AND IS SUBJECT TO CHANGE. Daily rehearsals will likely commence XXX at the theater in Stowe. All members of the cast must be available for the orchestra, technical and dress rehearsals and performances XXX. All cast are required for striking the set on Sunday XXX. (We will have dates available at auditions).

LIST ALL KNOWN and/or ANTICIPATED CONFLICTS:

(Your availability will be assumed if not otherwise indicated. The more conflicts you list, the less likely you will be cast)

THEATRICAL EXPERIENCE: List relevant music (include choral), dance and/or acting experience (most recent first). Feel free to attach a resume and head shot.

What do you like about Bridges and/or why are you interested in performing in the show?

Anything else you would like us to know?

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND THEN SIGN BELOW.

If I accept a role in STG's Bridges of Madison County I will make myself available, and I will be on time, for all scheduled rehearsals and performances. I will not be absent unless I have been given prior approval by the Stage Manager or Producer. I have listed all known and/or anticipated rehearsal schedule conflicts on this form. Excessive absences other than those listed on this form or failure to cooperate and/or fully participate at rehearsals may result in dismissal from the cast. I will not accept other theater commitments without prior permission of the Director. I acknowledge that I might not be able to participate in other shows or if I do I might not be cast or lose a role in this show, and this decision at the sole discretion of the Director of Bridges of Madison County. I understand that I rehearse and perform at my own risk. I agree that any pictures or other likenesses of me taken at any rehearsal may be used for the purposes of publicizing Bridges fo Madison County or Stowe Theatre Guild in newspaper articles and on-line. I am willing to use the language and act the parts for which I am cast including the specific language and roles mentioned in this Application. I have read and understand the terms of this Application.

Signature _____
Date _____

If under 18, signature of Parent or Guardian:

I am the parent or guardian of the above named child. if cast, my child has my permission to swear on stage and act as if he or she were drinking. I agree that the rules stated in this Application apply to my child. I understand that my child will not be able to audition unless this form is signed when my child checks in to auditions.

Signature _____
Date _____

Please email the completed and signed form to eroglikj@comcast.net prior to auditions. If you indicate you are auditioning for the roles of Francesca,Robert or Marian, we will send you a part of the score to prepare for auditions.