



2018 AUDITION FORM

Audition # _____



NAME: _____

VOCAL RANGE: _____ HEIGHT: _____

Are you over 18? YES NO*

Birthdate (if under 18): _____

ADDRESS: _____

EMAIL: _____

Contact Numbers:

(Please indicate preferred phone number.)

CELL: _____

HOME: _____

WORK / OTHER: _____

All individuals cast will receive a phone call.
If you are not cast, please indicate your preference of notification:

Email Call

Check here if you would accept ANY role.

List the role(s) you are most interested in:

Are there any roles you would not accept?

Please consider your answers carefully and select yes or no

(Answering yes or no will not automatically eliminate you from being cast.)

If necessary, would you cut/color your hair? YES NO

If necessary, would you shave your head, beard or mustache? YES NO

Are you willing to wear a wig, prosthetics, makeup, etc. YES NO

Are you allergic to latex and/or other makeup? YES NO

If yes, please explain _____

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

If yes, please explain limitations: _____

Are you willing to appear on stage in underwear costume? YES NO

Are you willing to use curse words, sexual language, slurs, etc. on stage? YES NO

List all known and/or anticipated conflicts: (Include return date if away at school.)

(Your availability will be assumed if not otherwise indicated.)

PLEASE COMPLETE BOTH SIDES OF THIS FORM.

THEATRE EXPERIENCE: *List relevant theatrical and musical experience or attach a resume.*

Please list your dance experience and types of dance you have done. Also, any special skills:

Can you read music? YES NO

Anything else you would like us to know:

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND THEN SIGN BELOW:

*If I accept a role in **HEATHERS**, I will make myself available, and be on time, for all scheduled rehearsals and performances. I will not be absent unless I have been given prior approval by the director. I understand that a rehearsal schedule will be build based on the cast's collective conflicts from these forms, with additional rehearsals as we get closer to the performance dates. I have listed all known and/or anticipated rehearsal schedule conflicts on this form. I understand that I will be required to attend tech rehearsal, all dress rehearsals and to help with strike after the show (either immediately following the final performance or the next day). I will not accept other theatre commitments without prior permission of the director.*

I understand that cast members may be asked to provide or purchase part of their costume at a cost not to exceed \$75. (Any pieces I buy will be my property after the run of the show.)

I grant permission for Stowe Theatre Guild to use my photograph, video and/or personal statements to publicize the activities of Stowe Theatre without compensation.

I understand that I rehearse and perform at my own risk. I will adhere to the rules of conduct set up by the production team and Stowe Theatre Guild. I have read the above statement and agree to the conditions contained therein.

SIGNATURE: _____ **DATE:** _____

I am the parent/guardian of above-named minor. I agree to the terms listed above on behalf of my child. If cast, my child has my permission to participate in the show, with the understanding that the role may require cursing, pretending to drink, etc.

*** IF UNDER 18, SIGNATURE OF PARENT OR GUARDIAN:** _____

Although the entire production team participates in casting deliberations, the director makes the final decision. Stowe Theatre Guild is committed to a fair and open audition process. Any questions or complaints about the process should be addressed to the director, the board president or the board liaison for the show.