



2018 AUDITION FORM

Audition # \_\_\_\_\_



NAME: \_\_\_\_\_

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

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

Check here if you would accept ANY role.

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: _____                                       |     |    |

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

Rehearsals will begin in mid-to-late July. Performance dates are Oct. 3-20.

(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.*

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**Anything else you would like us to know:**

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**How did you hear about these auditions?**

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**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND THEN SIGN BELOW:**

*If I accept a role in **THE ODD COUPLE – FEMALE VERSION**, 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:** \_\_\_\_\_

**\* IF UNDER 18, SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_