Actor/Singer/Dancer Audition Sheet

Name _____

Address _____

City _____ State _____ Zip _____

Phone # Hm _____ Wk _____ E-mail _____

Age _____ Height _____ Weight _____

Work hours: _____ Free hours: _____

EVENING AND SOME WEEKEND REHEARSALS ARE REQUIRED

Part (s) auditioning for: _____

Would you accept a different part? _____
List any experience you have had and when (i.e. dancing, singing, drama, music). Use back if necessary.

_____

_____

Responsibility and Waiver

1. Players will accept the responsibility to learn lines, attend all required rehearsals, performances, and promotional events for any part given to them by The Theatre Company.

2. All players will be financially responsible for any lost or unreasonably damaged scripts, vocal scores, costumes, props, etc. which are given to them by The Theatre Company.

3. The Theatre Company reserves the right to dismiss any player who is negligent in attending rehearsals, learning lines, and for general irresponsibility. Such actions by the player will affect their right to participate in future productions.

4. The consumption of alcohol will not be tolerated before and during rehearsals, promotional activities or performances.

5. Director and Costumer have final authority on costume decisions.

Signed _____

Name Date

TENTATIVE REHEARSAL DATES: _____

TENTATIVE PERFORMANCE DATES: _____

Please indicate what dates you will be unavailable. Please be as specific as possible. We can work around your schedule, but only if you tell us what it is.

_____

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For your own copy of this document, go to file and hit print.