

## 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**

All rehearsals begin at \_\_\_\_\_ pm unless otherwise indicated on your schedule.

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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