

AUDITION FORM

INFORMATION ABOUT YOU

Please **PRINT** clearly. If we can't read your writing, we can't contact you!

Name: _____	E-mail: _____						
Address: _____ _____	Home Ph: _____						
Church: _____	Cell Ph: _____						
High School: _____	Height: _____						
Grade (in Fall '17) _____	Hair Color: _____						
Shoe Size: (for dress shoes) _____	Vocal Group (if known) _____						
Birthdate: (incl. year) _____	Dance Experience: <table border="0"> <tr> <td>None</td> <td>Some Training</td> <td>A LOT!</td> </tr> <tr> <td>No shows; no trng</td> <td><1 yr of training; 1 or 2 musicals</td> <td>3+ years of training</td> </tr> </table>	None	Some Training	A LOT!	No shows; no trng	<1 yr of training; 1 or 2 musicals	3+ years of training
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GENERAL QUESTIONS

Please note, it is highly unlikely that your answers to any of the questions below, including about conflicts, will cause the Director not to cast you. Please be honest in your answers below.

1A. Is this your **first audition** for a STP show? **YES** **NO**

1B. If not, for what previous STP shows did you either audition or perform? (circle all that apply)

Beauty and the Beast Birdie Joseph Millie Annie Les Mis Hello Dolly Peter Pan 42nd Street

1C. If yes, how did you hear about us?

Email From a friend From a teacher @ school Facebook/Twitter STP.org Church announcement Other: _____

2A. Do you have a preferred role for which you would like to audition? **YES** **NO**

(Disclaimer: In spite of your preferences, the ability to allow you to audition for any specific role is not guaranteed)

2B. If yes, for what part(s)? _____

2C. Will you accept any part? **YES** **NO**

3. Are you willing/allowed to change your hairstyle (i.e. cut/color your hair)? **YES** **NO**

4. Are you willing, to kiss another actor/actress on stage if asked by the Director as part of your blocking? **YES** **NO**

5. If we are not able to cast you, would you like to be contacted about being a part of this production in another capacity? (Please specify any preferences you have--orchestra, ASM, marketing, props, costumes, construction/run crew, etc.)

YES **NO** **Where:** _____

6. Do you play an instrument? **YES** **NO**

6B. What instrument(s)? _____ For how long? _____

7. Are you available Friday, May 19 from 6:30-9:00 for call backs? **YES** **NO**

MORE QUESTIONS ON THE REVERSE SIDE

Staff Use Only:	Photo:	Sing:	Dance:	Read:	N/A
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8. List all conflicts between now and July 30. Include summer school, other school events, camps, trips, family vacations, job requirements/shifts, swim meets/banquets, Workcamp, Cappies, College orientation, etc. Be specific where possible. Rehearsals are weekday evenings and some Saturdays.

9. Please summarize your previous theatrical experience below telling us show, role, and year, training received/classes and when, and awards received, when. You may attach a résumé if you have one:

10. Is there any other information not provided elsewhere on this form that could impact/limit your ability to perform any role for which you are cast (examples could range from transportation to health concerns)? Please feel free to discuss concerns one-on-one with one of the Producers while you wait to audition.
