

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

### Theatre Guild of Rockingham County

(Please Print Legibly)

Name \_\_\_\_\_ Male/Female (circle)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Vocal Range (circle): Bass/Baritone/Tenor/Alto/Mezzo/Soprano Training (# years): \_\_\_\_\_

Dance Experience (circle): Beginning/Intermediate/Advanced

Training (# years): Ballet \_\_\_ Jazz \_\_\_ Tap \_\_\_ Modern \_\_\_ Stage Movement \_\_\_ Gymnastics \_\_\_

Previous Experience (List a few of your most important credits, including Character/Show):

\_\_\_\_\_  
\_\_\_\_\_

Special Skills: (Ex: juggling, 2<sup>nd</sup> language, etc.) \_\_\_\_\_

Musical Instruments Played: \_\_\_\_\_ Training (# years): \_\_\_\_\_

Any medical/physical conditions we should know about? \_\_\_\_\_

#### Audition Information

Audition Song: \_\_\_\_\_

Role(s) in which you are most interested: \_\_\_\_\_

Will you accept ONLY these roles? \_\_\_ Yes \_\_\_ No

Will you accept any role, including an ensemble role? \_\_\_ Yes \_\_\_ No

#### Schedule

(X OUT BOXES OF REGULAR COMMITMENTS)

	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM	7PM	8PM	9PM	10PM
MON														
TUE														
WED														
THU														
FRI														
SAT														
SUN														

\*\*List **ALL** other commitments not covered by the above. This information will be used in scheduling and casting, so try to be as complete as possible. (Ex: Wedding, 6/19)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently involved in another production? Y/N If yes, what are the production dates? \_\_\_\_\_

**Agreement (read carefully)**

I have read the rehearsal schedule (if available) and any notes, and I have listed ALL conflicts, understanding that others may not be added unless at the director’s discretion. I understand that if I am cast in this play, it is with these conflicts in mind. I also understand that attending all rehearsals is important and that adding conflicts or missing rehearsals may result in my replacement in the cast. I understand that if I am cast in this production I may not participate in any other theatrical production (school, community or otherwise) without the written approval of both directors, and that “phishing for roles” will not be tolerated. I further understand that as part of this production I will be asked to take part in non-performance work, such as set or costume construction or cleaning up, which I will do. YES Initials \_\_\_\_\_

I certify that I have read and accept the policies listed above and provided accurate information to the best of my ability. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (UNDER 18) \_\_\_\_\_

**General Release**

NOW COMES the undersigned \_\_\_\_\_ (individual), the Theatre Guild of Rockingham County, and \_\_\_\_\_, a third party Beneficiary, and together they covenant, contract and say:

That the Theatre Guild of Rockingham County is currently producing a play for presentation at \_\_\_\_\_, the facilities owned and under the care of the third party beneficiary: that \_\_\_\_\_ desires to participate in this production in some capacity: that the third party beneficiary will exercise no control over the details of the production, and is furnishing the use of its facilities as a community service to benefit the Theatre Guild of Rockingham County, and the individual signing below: that the third party beneficiary knows of no dangers, hidden or apparent, which would constitute a danger to the individual signing below: and that the individual desires to participate in the current production on the terms and conditions as set out below:

- 1. Neither the Theatre Guild of Rockingham County, nor the third party beneficiary shall be liable, in any fashion, for any damages or injuries which occur on the premises of the third party beneficiary during the production or preparation of any performances.
- 2. The parties release any and all claims for compensation arising from any incident occurring during the production or preparation for any performance.
- 3. This release shall be binding on any individual, the heirs, or assigns, or beneficiaries of any individual participating in any production sponsored by the Theatre Guild of Rockingham County.

Done by us, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Individual Signature

\_\_\_\_\_  
Theatre Guild of Rockingham County

\_\_\_\_\_  
Parent/Guardian Signature (under 18)