



**TheatreWorks**  
COMMUNITY PLAYERS

## Audition Form

### About You

First Name	Last Name		
Address	City, State Zip		
Phone(s)	Email		
Height	Age	Hair Color	Eye Color

### Experience/Schedule

Vocal Range (if musical)

Dance Experience (if musical)

1.

Previous Experience (Name of Show, Part, Director - Please Limit to 3)

2.

3.

Any medical/physical conditions we should be aware of?

Please list any times during the week, including weekends, that you are NOT available for rehearsal. Also list any special commitments.

### Agreement

*If under 18, to be initialed and co-signed by a parent or guardian.*

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 mandatory and that adding conflicts or missing rehearsals may result in my replacement in the cast. I understand that exceptions will be made only with the approval of the director. I further understand that as part of this production I may be asked to take part in non- performance work, such as set strike, which I will do, when possible.

\_\_\_\_\_ Yes \_\_\_\_\_ No Initials \_\_\_\_\_

I give TWCP permission to use my name and likeness in publicity endeavors which include publications and the Internet.

\_\_\_\_\_ Yes \_\_\_\_\_ No 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 or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### TWCP Use

Date: \_\_\_\_\_

Audition Number: \_\_\_\_\_

Production: \_\_\_\_\_