



## Audition Information Form

Today's Date: \_\_\_\_\_

Actor's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Cell (preferred): \_\_\_\_\_ Home: \_\_\_\_\_

Work:(emergency only) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (Name, Phone): \_\_\_\_\_

Are you on Facebook?    Y    N                      Twitter Handle \_\_\_\_\_

Instagram \_\_\_\_\_              Other Social Media (please list) \_\_\_\_\_

### **Previous Acting / Dancing / Singing / Theater Experience and Training**

***Check all that apply:***

- Resume and/ or Head shot Attached** – clearly labeled with your name
- Training** - Please specify on back of form if not on resume: type, years, instructor, and school.
- Theater Experience** - Please list the following, please use reverse side (if not included on resume) Date/Year Play/Show Name/ Role /Organization / Director
- Dance Experience** - Please list the following, please use reverse side (if not included on resume) Styles of Dance with Years Studied. Organization/Individual Studied With.
- Special Talents** - Please specify (e.g., dance, gymnastics, play an instrument).

Would you be interested in being involved with the production in any of the following areas?

- |  |                                     |  |                                   |
|--|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Rehearsal Assistance    | <input type="checkbox"/> Lighting   | <input type="checkbox"/> Set Construction      | <input type="checkbox"/> Costumes |
| <input type="checkbox"/> Advertising / Publicity | <input type="checkbox"/> Stage Crew | <input type="checkbox"/> Sound                 | <input type="checkbox"/> Make-up  |
| <input type="checkbox"/> Set Dressing/Properties | <input type="checkbox"/> Ushering   | <input type="checkbox"/> Tickets / Concessions |                                   |

**Costume sizing information**

*Many costumes are custom-made, so your honesty and accuracy is imperative.*

All actors: Height: \_\_\_\_\_

Shoe Size: \_\_\_\_\_

Girls/ Women: Dress size: \_\_\_\_\_

Boys/Men: Waist measurement: \_\_\_\_\_ Inseam: \_\_\_\_\_

**PLEASE LIST ALL CONFLICTS YOU HAVE BETWEEN NOW AND THE PERFORMANCE DATE AND WHETHER THEY ARE FLEXIBLE OR NOT - Use reverse side of sheet if need be.**

**If actor is under the age of 18, please fill out the following information:**

**Parent/Guardian #1** (Name) \_\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_

Phone #:Emergency \_\_\_\_\_ Home \_\_\_\_\_

**Parent/Guardian #2** (Name) \_\_\_\_\_

Phone #:Emergency \_\_\_\_\_ :Home \_\_\_\_\_

**Other responsible adult to be called in an emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Would Parent/guardian like to volunteer occasionally? **Y / N**

**If yes, please check areas of interest:**

- |  |                                     |   |                                   |  |
|--|-------------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> Rehearsal Assistance    | <input type="checkbox"/> Lighting   | <input type="checkbox"/> Set Construction | <input type="checkbox"/> Costumes | <input type="checkbox"/> Sound                 |
| <input type="checkbox"/> Advertising / Publicity | <input type="checkbox"/> Stage Crew | <input type="checkbox"/> Make-up          | <input type="checkbox"/> Ushering | <input type="checkbox"/> Tickets / Concessions |

**RELEASE FROM LIABILITY/ PHOTOGRAPHY RELEASE**

In consideration of the availability of the program and for other mutual benefits, I accept any and all responsibility for and assume the risk of any and all injury or damage which might arise either directly or indirectly as a result of my/my child's participation in this program, and I hereby release, discharge, and hold harmless from any liability whatsoever, The Community House, Inc., volunteers, staff or instructors, in their private and individual capacities as well as their capacities as representatives of The Community House, whether paid or voluntary. I certify that I am familiar with the contents of this release and that I have read and understand the same and that it is my intention, by signing this release, that the same be binding not only upon me, but upon my heirs, administrators, executors, successors, and assigns.

I give permission to The Community House to use photographs and videos of me or my children for publicity in order to increase community awareness of CH programs and in all publication and other media without limitation.

Signature: Adult Actor OR Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_