



# Emerging Artist Audition Form

## *Celebration of the Century*

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Please fill out both pages completely.

### Actor Contact Information

Name: (As you would like in printed in the program) \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #1: \_\_\_\_\_  Phone #2: \_\_\_\_\_

*Please check the number at which you would like to be reached for a callback*

E-mail address for play-related correspondence: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_

### Parent/Guardian One

Name _____
Home Phone _____
Cell Phone _____
Work Phone _____
E-Mail _____

### Parent/Guardian Two

Name _____
Home Phone _____
Cell Phone _____
Work Phone _____
E-Mail _____

### Background Information

Do you sing?  Yes  No Range: (or vocal part) \_\_\_\_\_

Do you have dance training?  Yes  No What type? \_\_\_\_\_

Please list any special skills such as juggling, tumbling, stage combat, dialects, etc: \_\_\_\_\_

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### If you are auditioning with a family member, please check and/or fill in the appropriate lines:

I am auditioning with \_\_\_\_\_.

\_\_\_\_\_ I understand that our decision to audition together does not influence the decision of the director.

\_\_\_\_\_ We are a package deal; either we are both cast or neither of us wishes to participate.

\_\_\_\_\_ I will accept a role regardless of my family member's participation.

\_\_\_\_\_ My family member will accept a role regardless of my participation.

Actor Name: \_\_\_\_\_

**Previous Theatrical Experience (Your favorite three)**

<b>Production</b>	<b>Character</b>	<b>Theatre or Company</b>

**Rehearsals**

- Rehearsals will be held once or twice per week beginning in September through the end of October.
- Not all roles will require attendance at every rehearsal.
- Exact rehearsal schedules will be determined after the group is cast.
- First Cast Meeting and Rehearsal will be Monday, September 9, 6-8 PM.

**Performances**

- Performance date is Saturday, November 9, 2019.
- Curtain time is 7:30 PM.
- Mandatory Dress Rehearsal date is Friday, November 8, 2019.
- Tech Rehearsals will begin Monday, November 4, 2019.

Many Playhouse productions require the climbing of stairs, dance numbers and other physical demands. If you will need accommodations because of an injury or disability, please list those accommodations here:

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**Disclosure**

If cast in this production I understand:

- A majority of correspondence from the Playhouse will arrive by e-mail and that it is important to check it daily. All correspondences will be sent to both student AND parent.
- I may be asked to provide some costume and/or make-up items as requested by the costume designer.
- I may be asked to style my own hair for the performance.
- This production may contain material that I find objectionable. However, I commit to performing my role regardless of any bias or personal conviction.

Actor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I UNDERSTAND AND WILL SUPPORT MY CHILD’S EFFORTS TO ATTEND AND COME PREPARED FOR REHEARSALS AND PERFORMANCES.

I GIVE PERMISSION TO RELEASE MY CHILD’S PHOTO FOR PUBLICITY RELATING TO THIS PRODUCTION, THEATRE, AND THE PHOTOGRAPHER HIRED TO TAKE SAID PHOTOS. THIS INCLUDES PRINT, TELEVISION, AND WEB-BASED MEDIA.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent signature required at time of audition)

**Thank you for auditioning at the Playhouse. Have fun and break a leg!**

**Our Mission**

*The mission of the Des Moines Community Playhouse is to change lives by entertaining, enriching and engaging the people of our community through producing high-quality theatrical presentations, avocational experiences, and life-long educational opportunities.*

Please indicate which time of day you are usually available to rehearse. If you have a standing conflict each week, please also list that in the corresponding box.

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Please list below any conflicts you have between September 1 and November 9, 2019.