

For Staff Use Only:

Date: _____ Show: _____



WALPOLE FOOTLIGHTERS AUDITION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ (FIRST) _____ (SECOND)

E-MAIL: _____

Height: _____ Pronouns: _____

FOR MUSICAL AUDITIONS ONLY

Vocal Range: _____

Dance Experience (Type): _____

Do you wish to be considered for any specific role(s)? Yes Any role

If you answered "Yes", please indicate the role(s) you are interested in:

Will you accept a different role? Yes No

If you select "No", you will not be considered for roles other than those you indicated.

PLEASE NOTE: It is important that all cast members attend all rehearsals for which they are called. Every attempt will be made to schedule rehearsals so that they are mutually convenient for the cast and the production staff. **Please indicate below any on-going or special commitments you have that will prevent your attendance at rehearsals. Failure to document significant conflicts may cause you to be dropped from the cast.**

I have a regular commitment every _____ evening.

I am unavailable the following dates because of prior commitments:

PREVIOUS EXPERIENCE AND/OR EDUCATION (or attach résumé):

If you are not cast, are you willing to work on the production? Yes No

If you answered "Yes", please indicate area(s) of interest:

- | | | | |
|---|--------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Set Construction | <input type="checkbox"/> Props | <input type="checkbox"/> Set Finishing | <input type="checkbox"/> Hair/Make-up |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Sound | <input type="checkbox"/> Costumes | <input type="checkbox"/> Ushering |

**ALL CAST MEMBERS AND CREW MUST BECOME MEMBERS OF THE WALPOLE FOOTLIGHTERS.
COST \$25/YEAR (\$35 for families)**