



Community Circle Players at Riverwalk

AUDITION FORM

FOR THEATRE USE ONLY

Actor No.

Audition Day 1 2

Title of show:	Are you 18+? <input type="checkbox"/> Yes <input type="checkbox"/> No If under 18, an additional questionnaire must be completed and signed by a parent or guardian.
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Your name (as you wish it to appear in programs if cast):	Pronouns
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Street address:	City:	State:	Zip:
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Phone:	Email:
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Preferred method of contact: Phone call Text Email Any
 Note: casting teams may choose how they wish to contact individuals.

Do you have any access or dietary needs we should be aware of/can accomodate?

How did you hear about our auditions? Check all that apply:
 Social media Website Newspaper Brochure Word of mouth Other:

Roles you wish to be considered for, in order of preference. (“Any” is a fine answer.)
 1. 2. 3.

List any roles you will NOT accept, including ensemble:

I agree (check boxes and initial after each):

to attend all of my scheduled rehearsals (except in case of emergency, illness or injury).

to promptly notify my director/stage manager if an emergency arises so schedules may be adjusted.

to wear costumes/wigs as assigned without complaint, and to notify the costumer promptly of tears, stains, etc. while in my care.

to cover tattoos, if asked.

to utilize the communication method my directing team deems necessary (social media, email, texting, apps) and check regularly.

to not audition for other shows while I am attached to this production without getting permission from the director.

Do you have a reliable mode of transportation? Yes No

Will you:

Cut your hair, if asked? Yes No Comments:

Color your hair, if asked? Yes No

Shave and/or grow body hair, if asked? Yes No

Experience • List most recent productions, role/positions, and group, OR attach a separate resume.

Show:	Your role:	Theatre/Group:	Year:

Other special skills (Singing, dancing, accents, juggling, acrobatics, playing an instrument, etc.), OR attach separate resume.

If you are not cast, would you be interested in helping with other areas?

Yes for this production Yes for other future productions

Check all that apply below:

<input type="checkbox"/> Lights	<input type="checkbox"/> Costumes	<input type="checkbox"/> Theatre Committees
<input type="checkbox"/> Sound	<input type="checkbox"/> Makeup	<input type="checkbox"/> Pit Orchestra
<input type="checkbox"/> Stage Management	<input type="checkbox"/> Set Construction	<i>List instruments</i>
<input type="checkbox"/> Props	<input type="checkbox"/> Set Painting	
<input type="checkbox"/> Stage Crew (moving set pieces, fill in as needed)		

Please list any clubs or organizations you are affiliated with:

Conflict Dates
 Please list any dates/times below when you may have conflicts with rehearsals through the end of this production. Include evenings and weekends.

Recurring conflicts (ex. every Monday at 8:00)	One-time conflicts

I certify all information is as complete and correct as possible, to the best of my knowledge. If, during auditions or after casting, my schedule or anything I agreed to change, I will immediately notify the directing team. I understand this may result in my being recast or removed from the show. I agree to conduct myself responsibly and respectfully at all times within Riverwalk Theatre and will notify my director, stage manager, and/or producer if I am not treated with the same care.

Signature of actor **Today's date**