



Audition Form

Please print legibly and complete:

Full Name: _____ Nickname _____

Show you are auditioning for: _____

Are you auditioning for a particular role? Yes No

If yes - role(s) auditioning for: 1st choice: _____ 2nd choice: _____

Would you accept a part with few or no lines? Yes No

If cast, will you accept any role? Yes No If "No", Why? _____

Are you willing to be an understudy? Yes No

Are you willing to alter you appearance? (Change hair style/color, shave/grow beard, etc.) Yes No

If cast, can you clear your schedule for rehearsals? Yes No

Please list date(s) and conflicts: _____

~ If cast, can you clear your schedule for a week or two after scheduled performance dates, should the run be extended? Yes No Date Conflicts: _____

~ If cast, can you clear your schedule for any weekday matinee performances? Yes No

~ **If cast**, can you participate in/contribute to any of the following: Yes No If yes, indicate preferences:

Publicity/Advertisement Set Construction Set Painting Costumes/Props Makeup/Wardrobe

~ **If not cast**, would you be willing to work in other production areas? Yes No

If yes, indicate preferences: Stage Management/Crew Publicity/Advert Light/Sound Crew Set Construction Painting Usher/concessions Costumes/Props Makeup/Wardrobe

~ How did you hear about this audition? _____

~ Please explain briefly why you are interested in this production and/or role(s):

Liability Agreement: BY BECOMING PART OF THE CAST AND/OR CREW I RECOGNIZE THE INHERENT RISKS IN ANY THEATRE PRODUCTION AND PARTICIPATE WITH EXPRESS AGREEMENT AND UNDERSTANDING THAT I HEREBY WAIVE AND RELEASE **FreeFall Stage** and all its directors and affiliates FROM ANY AND ALL CLAIMS, COSTS AND LIABILITIES OR ANY ILLNESS OR INJURY RESULTING THEREFROM AND HEREBY TO HOLD HARMLESS **FreeFall Stage** and all its directors, members and affiliates FROM AND AGAINST ALL CLAIMS.

FreeFall Stage SHALL ALSO HAVE THE RIGHT TO PUBLISH, USE OR ASSIGN ANY/ALL PHOTOGRAPHS OR VIDEOS TAKEN OF ME FOR THIS PRODUCTION PUBLICITY PURPOSES.

SIGNED: _____ Phone # _____ Email _____

DATE: _____ (Note: This information will be treated as "Confidential" and will not be given, posted, sold, bartered or used in any way, shape, or form outside of the use of the production and theatre staff. Your personal information will not be revealed without your written permission.)

Please list any health issues (mental or physical) that we need to be aware of below. Again, this information will be kept confidential.
