



AUDITION SHEET FOR CHRISTMAS STORY

Name: _____ Date: _____

Email: _____ Phone: _____

Address: _____ City/State/Zip _____

Preferred way(s) to be contacted: Text
 Email
 Phone call

Emergency Contact(s) Name and Number: _____

Name and Number: _____

Any medical issues we need to be made aware of?

Role(s) you are auditioning for: _____

Would you consider other roles? Yes No Would you accept Ensemble role? Yes No

Vocal Ability: (none, amatuer, trained) Vocal Range: (Soprano, Mezzo, Alto, Tenor, Bass)

Do you have dance experience? Yes No What styles? _____

Are you **currently** or in **the future** going to be involved in other theatrical commitments during the times of rehearsals and performances? Yes No

If yes, please detail the amount of time commitment

Dates you are unavailable to rehearse (Please include weekends, as there may be weekend rehearsals)

For insurance purposes, you are required to become a member of Theatre 7 and that membership dues are \$25, to be paid within the first week of rehearsals.

Signature: _____ of actor if 16 or older

Signature: _____ of legal guardian for actors under the age of 16

COMMITMENT: I UNDERSTAND that auditioning is a sign of my commitment to the Production. If I am cast, I understand I am joining a team and that others depend on me. I understand that I must arrive on time and be present at rehearsals and ALL performances. I understand that repeated absences may cause my dismissal.