



PO Box 1152, High Point, NC, 27261/www.HPCT.net/336-882-2542

Audition #: _____

AUDITION FORM

AUDITIONEE

Name: _____ Pronouns: _____ Home #: _____ - _____ - _____

Address: _____ Mobile: _____ - _____ - _____

City: _____ State: _____ Zip: _____ Work: _____ - _____ - _____

Email: _____

Role Desired: _____ Other Roles that you would accept: _____

Would you accept ensemble? Yes No Afraid of Heights? Yes No

Do you have other family members auditioning? Yes No If yes, who _____

Will you accept a role even if other family members aren't cast? Yes No

Do you have reliable transportation? Yes No How did you hear about the audition? _____

ABOUT THE AUDITIONEE

Employed at: _____

School Attending: _____

Age (if under 25): _____ Hair Color: _____ Shirt Size: _____ Pant Size: _____ Shoe Size: _____ Height: _____

SKILLS (Check all that apply)

Sewing Carpentry Puppetry Painting Lighting

Sound Design Publicity Marketing Props

SINGING

Soprano Alto Tenor Baritone Bass

Can you sing harmony? Yes No Do you read music? Yes No

MUSICIAN (if applicable)

Instrument(s) _____ How many years played? _____

TRAINING

Voice Where? _____ How Long? _____

Dance Where? _____ How Long? _____

Acting Where? _____ How Long? _____



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PLEASE LIST THE LAST 3 SHOWS IN WHICH YOU PERFORMED

When _____ Role _____ Show _____

When _____ Role _____ Show _____

When _____ Role _____ Show _____

All auditionees should sign below acknowledging that, if cast, you fully understand your commitment and responsibility to this production and its rehearsal and performance process. *Please note by signing you also approve of any video and photography for show purposes.*

If under 18, a parent or guardian must also sign acknowledging that they give permission for the audition and that they understand the commitment involved. Failure to provide correct information regarding age could forfeit your opportunity to participate in this show.

I hereby authorize High Point Community Theatre (HPCT) to conduct a background check on me. I understand that this security check will cover information including criminal history. I hereby release HPCT and its employees, volunteers, and Board of Directors, as well as the Company performing the background check and its employees, from all liability resulting from the furnishing of this information to the HPCT. I understand that any findings could potentially void my consideration as a HPCT employee, volunteer, or cast member.

All cast members will be required to provide a \$25 participation deposit to be returned to you after confirmation that you have participated in required events [workday(s), load-in, strike, etc.] and returned your script (family max is \$50)

High Point Community Theatre does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

CONFLICTS:

- On the calendars provided please list **ALL** conflicts between now and the run of the show, whether you think we will rehearse or not. Indicate the time and the day of the conflict.
- If you have any conflict(s) during tech week or show dates you may not be considered for a role as these are mandatory rehearsals and performances.
- While we understand that things come up, please realize that adding excessive conflicts after casting could result in being asked to relinquish your role or leave the production.

Signature of Auditionee: _____

Signature of Parent/Guardian (if under 18): _____

Printed Name of Parent/Guardian: _____