

THE SPARTAN PLAYERS

AUDITION FORM

Auditioning for Production(s) of _____

NAME: _____ AGE/HEIGHT: _____

ADDRESS: _____

PHONE: _____ CELL: _____

EMAIL: _____

PARENT/GUARDIAN EMAIL: _____

***PLEASE GIVE US AN E-MAIL ADDRESS THAT IS CHECKED DAILY AS THIS WILL BE OUR PRIMARY WAY OF GETTING PRODUCTION INFORMATION TO YOU.**

IF YOU RECEIVE A PART IN THIS PRODUCTION MAY WE USE YOUR NAME/ADDRESS/PHONE NUMBER IN A MASTER LIST TO BE DISTRIBUTED TO ALL CAST MEMBERS? _____

ROLE(S) INTERESTED IN: _____

WILL YOU ACCEPT A ROLE OTHER THAN YOUR PREFERENCE(S)? ____ Yes ____ No

IF NOT CAST IN THE ROLE(S) ABOVE, WILL YOU TAKE AN ENSEMBLE ROLE? _____

VOICE TYPE: _____

RELATED EXPERIENCE (SHOW, ROLE, SPECIAL SKILLS/TALENTS) - PLEASE FEEL FREE TO USE OTHER SIDE OF FORM: _____

****IT IS VERY IMPORTANT THAT YOU CONSULT THE REHEARSAL SCHEDULE AND NOTE ANY AND ALL CONFLICTS. THESE WILL BE TAKEN INTO CONSIDERATION WHEN CASTING. THANK YOU FOR YOUR COOPERATION.**

Please list schedule conflicts (i.e. vacations, camp, lessons, etc.):

*****I HAVE NOTED THE REHEARSAL SCHEDULE AND VERIFY THE INFORMATION ON THIS FORM. I GIVE PERMISSION FOR PHOTOS OF ME AND/OR MY CHILD AND OTHER INFORMATION RELATED TO THE PLAY TO BE PUBLISHED FOR ADVERTISING PURPOSES RELATED TO THE SPARTAN PLAYERS.**

Parent/Guardian Signature

Date