

**DreamWrights Company Audition Form (Please print clearly.)**

**Production: Becky's New Car**

**Areas of Theatre Interest** (Please check all areas of interest that apply.)

**Acting**\_\_\_\_ **Asst. Stage Manager**\_\_\_\_ **Properties Crew**\_\_\_\_ **Scenic Crew**\_\_\_\_ **Costume Crew**\_\_\_\_  
**Lightboard Operator**\_\_\_\_ **Soundboard Operator**\_\_\_\_ **Scenic Run Crew**\_\_\_\_  
**Production Coordinator (Adults Only)** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age (if 18 or under)** \_\_\_\_\_

**First and last names of any other family members auditioning:**

\_\_\_\_\_  
**Your Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Preferred phone number:** \_\_\_\_\_ **Alternate phone number:** \_\_\_\_\_

**Preferred email for all show communications (including casting):** \_\_\_\_\_  
*(DreamWrights will communicate important info frequently via email. Please consistently check the address you provide.)*

**Parent/Guardian 1 (if under 18)**

**Parent/Guardian 2 (if under 18)**

**Check here if same address** \_\_\_\_\_

**Check here if same address** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Employer/Occupation:** \_\_\_\_\_

**Employer/Occupation:** \_\_\_\_\_

**If over 18: Have you ever been convicted of, plead guilty or no contest to a felony charge? Yes**\_\_\_\_ **No**\_\_\_\_  
(Answering yes will not necessarily prohibit you from volunteering. If yes or left unanswered, we will contact you directly to discuss.)

Participation at DreamWrights constitutes an agreement to allow DW to use and distribute the participant's image or voice, in photographs, video, or electronic reproductions.

The success of this production depends upon all participants being responsible team players. 3 or more absences, disruptive, or disrespectful behavior will result in removal from the Company.

**Your Grade/Workplace and Occupation:** \_\_\_\_\_

**Gender:**\_\_\_\_ **Height (feet & inches):**\_\_\_\_ **Hair Color:**\_\_\_\_\_

**Please review the rehearsal schedule carefully and list ALL scheduling conflicts below. Please understand that we are not able to accept additional conflicts after the time the production has been cast. Please list clearly the DATE and TIME.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have previously participated in the theatre, please list your 3 most recent roles or positions.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why do you want to be a part of this Company?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_