

DreamWrights Company Audition Form (Please print clearly.)

Production: Rent, School Edition

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

Acting ___ Asst. Stage Manager ___ Properties Crew ___ Costume Crew (Ages 10 and up) ___
Lightboard Operator ___ Soundboard Operator ___ Scenic Run Crew (Ages 13 and up) ___

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.)

Are you comfortable singing? Yes ___ No ___ If you sing, what is your vocal type? _____
Vocal range, if you know it _____

Do you have dance training? Yes ___ No ___ If so, please list type & years of experience. _____

Parent/Guardian 1 (if under 18)

Check here if same address _____

Name: _____

Address: _____

Primary Phone: _____

Email: _____

Employer/Occupation: _____

Parent/Guardian 2 (if under 18)

Check here if same address _____

Name: _____

Address: _____

Primary Phone: _____

Email: _____

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.

Form continues on back...

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

Please note the name of your Emergency Contact:

Phone number of contact: _____

Please note any allergies or special needs. Or say none.
