

DreamWrights Company Audition Form (Please print clearly.)

Production: *These Shining Lives*

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

Acting _____ Properties Crew _____ Costume Crew (Ages 10 and up) _____ Lightboard Operator _____ Soundboard Operator _____ Spotlight Operator (Ages 12 and up) _____ Scenic Build Crew (Ages 10 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.)

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.
