

DreamWrights Company Audition: Shrek the Musical

(Please Print Clearly)

Areas of Theatre Interest (Please note your first three choices.)

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 _____

First and last names of any other family members/carpoolers auditioning: _____

Your Address _____ City _____ State _____ Zip _____

Preferred phone number _____ Alternate phone number _____

Preferred email(s) for all show communications (DreamWrights will communicate important info, including callback and casting, via email. Please consistently check the address(es) you provide.):

I am a: bass _____ baritone _____ tenor _____ alto _____ mezzo soprano _____ soprano _____ don't know _____

My range is: _____

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

I will accept any role, including ensemble: _____ I will only accept the role of: _____

I understand that the success of this production depends upon all participants being responsible team players. 3 or more absences, disruption, or disrespectful behavior will result in removal from the Company. Initial: _____

Parent/Guardian 1 (if applicant is under 18)

Parent/Guardian 2 (if applicant is under 18)

Check here if same address _____

Check here if same address _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

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.

Your Grade/Workplace and Occupation: _____

Gender you identify with: _____ Height (feet & inches): _____ Hair Color: _____

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? _____

Name and phone number of your Emergency Contact(s): _____

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

Review the rehearsal schedule carefully and note ALL scheduling conflicts below. Please understand that we are not able to accept additional conflicts after the production has been cast. Place an X over any dates you cannot make and note the times you will be absent. Rehearsals are from 6-9 weekdays and 10-4 on Saturdays.

Sun	Mon	Tues	Wed	Thur	Fri	Sat
August	2 Info Night	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Sun	Mon	Tues	Wed	Thur	Fri	Sat
Sept.			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Sun	Mon	Tues	Wed	Thur	Fri	Sat
Oct.					1 Dry Tech	2 Tech
3	4 Dress	5 Dress	6 Dress	7 Dress	8 Open 7pm	9 3pm/ 7pm
10 3pm	11	12	13	14	15 7pm	16 3pm/ 7pm
17 3pm/ Strike	18	19	20	21	22	23