

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

**Production: Charlotte's Web**

**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 13 and up)**\_\_\_\_

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

**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 weekly 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:** \_\_\_\_\_

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

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

**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.

**Please review the rehearsal schedule carefully and list ALL scheduling conflicts below or on the calendar at the end. 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?

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Please note the name of your Emergency Contact:

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Phone number of contact: \_\_\_\_\_

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

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### DECEMBER 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			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	31	

### JANUARY 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						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*	31					

### FEBRUARY 2022 \*PERFORMANCES

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		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					