

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)_____

Preferred Pronouns _____

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.)

Your Grade/Workplace and Occupation: _____

Gender:_____ Height (feet & inches):_____ Hair Color:_____

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.

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?

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.

Please note the name of your Emergency Contact:

Phone number of contact: _____

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

SEPTEMBER 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	

OCTOBER 2022

* PERFORMANCE DATES

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					