

DreamWrights Company Audition Form

Production: Newsies

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

Acting_____ **Props Crew**_____ **Costume Crew (Ages 10 and up)**_____ **Lightboard Op**_____ **Soundboard Op**_____ **Spotlight Op (Ages 12 and up)**_____ **Scenic Build Crew (Ages 13 and up)**_____ **Stage Management** _____

Name: _____ **Birthdate:** _____ **Age (if 18 or under)** _____

Your Preferred Pronouns _____

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 weekly via email. Please consistently check the address you provide.)

Vocal range and type, 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. No drugs, alcohol, smoking/vaping permitted in the building. No photography permitted in the bathrooms or dressing rooms. Three 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:**_____

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 note the name and phone number of your Emergency Contact:

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

Please review the rehearsal schedule carefully and **MARK ALL** scheduling conflicts on this calendar. 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**.

August 2024						
Sunday	Monday	Tuesday	Wednes- day	Thurs- day	Friday	Satur- day
11	12	13 Aud	14 Aud	15 Callbacks	16	17
18	19	20 Info nite	21	22	23	24
25	26	27	28	29	30	31

September 2024						
Sunday	Monday	Tuesday	Wednes- day	Thurs- day	Friday	Satur- day
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 Tech
29	30					

October 2024						
*Performance dates						
Sunday	Monday	Tuesday	Wednes- day	Thurs- day	Friday	Satur- day
		1	2	3	4*	5*
6	7	8	9	10	11*	12*
13* Strike	14	15	16	17	18	19