

DreamWrights Company Audition Form**Production: Elf the Musical, JR****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 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.****Please note the name and phone number of your Emergency Contact:****Please note any allergies and/or special needs. Or say none.****Please list all potential conflicts from now until the show closes. This will not prevent you from being involved, but will help us create the best schedule for all.** _____