

SRJC THEATRE ARTS DEPARTMENT AUDITION INFORMATION FORM (Revised 12/22/20)

SHOW: SHE KILLS MONSTERS: VIRTUAL REALMS Audition Piece: _____

Auditioning for a specific role/roles? If so, which one(s)? _____

Are you willing to accept any role (including chorus or non-speaking)? **Yes** **No** (If "No", explain in space below)

Are you also auditioning for: **overcome** **Yes** **No**

If auditioning for more than (1) , do you have a preference? **Yes** **No** If "Yes", #1 Preference: _____

Callback Availability: Callbacks are held **on Zoom this Sunday, 6:00-9:00PM**; actors may be called back for all or part of that time. If you are called back, can you attend for the entire callback period on Sunday? **Yes** **No** (If "No", explain below)

Callback Notification: The callback list will be on the virtual callboard on **Saturday by 9:00PM**.
Actors with special situations can request to be notified by email or text.

Do you need a special callback notification? **Yes** **No** Method/Time: _____

LEGAL

LAST NAME _____ **FIRST NAME** _____ **M.I.** _____ Age _____

(check all boxes that apply)

Current SRJC student High School student Theatre Arts alumni Community actor SRJC Staff/Faculty

Preferred pronouns (optional): _____

Phone #s: Cell _____ (Texts Ok? **Yes** **No**) Home: _____ Other: _____

Email _____

Address _____ City _____ Zip _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Are you willing to cut, color, or grow your hair (Men: facial hair?), if necessary? _____

Are you aware that you will be required to pay the SRJC enrollment fee (\$46 per unit) to be in this show? **Yes** **No**

YOUR PERFORMANCE SKILLS, EXPERIENCE & TRAINING:

Singing: Vocal Range (check box): Soprano Alto Tenor Baritone Bass

Choral singing experience? Yes No **Do you read music?** Yes No

Dance: List styles (ballet, tap, ballroom, hip-hop, cheerleading dance, etc.) **& skill level:** _____

Musical Instruments: (list instruments & skill level) _____

Other Performance Skills: (list dialects, combat, puppetry, etc.) _____

We are also looking for two performers to be puppeteers for the show. These performers would need to be in a Covid-bubble living situation because they will be performing in the same Zoom box. Is this something that you are interested in?

Yes **No** If so, what is the name of the other potential puppeteer? _____

Experience and Training: Please list your recent shows and performance classes/workshops below (include role, year, and theatre for shows; for classes, include title, school, and instructor) **OR attach a PDF of your ACTING RESUME.**

AVAILABILITY & CONFLICTS: Schedules vary from show to show, but are *usually* held 5 days a week in the evenings; however, weekend afternoons are sometimes used. Please note your **regular weekly conflicts** below, including times and details, from TODAY through this show's last performance . (See posted information about specific production schedule.)

(check box)

Mondays after 6:00 PM (rare): **Available** **Conflict** _____

Tuesdays after 6:00 PM: **Available** **Conflict** _____

Wednesdays after 6:00 PM: **Available** **Conflict** _____

Thursdays after 6:00 PM: **Available** **Conflict** _____

Fridays after 5:00 PM: **Available** **Conflict** _____

Saturdays after 10 AM (rare): **Available** **Conflict** _____

Sundays after Noon: **Available** **Conflict** _____

VARIABLE WEEKLY CONFLICTS (such as work schedules that change weekly) and **ONE-TIME ONLY CONFLICTS** that absolutely cannot be changed or rescheduled (such as a wedding or vacation): Include dates/times and allow for travel time. *If you have no prior commitments, please, write "NONE" in this space.*

ADDITIONAL QUESTIONS AND PARTICIPATION CONSENT

Note: Information concerning triggers, disabilities, allergies and phobias is strictly voluntary. Triggers? Disabilities (needing accommodation)? Allergies (animals, fabrics, scents, etc)? Phobias (heights, tight spaces, falls, etc.)?

Some shows may require an actor to deal with **special circumstances** such as those below. Should you be uncomfortable doing so, this may or may not affect our ability to cast you. If you are willing to do the following, check box **YES**. If you are uncomfortable with or unwilling to do any of the following, check box **CONCERNS** (if needed, the director will discuss your concerns privately).

- Yes** **Concerns** Wear revealing clothing or show various parts of your body
- Yes** **Concerns** Use profanity
- Yes** **Concerns** Use the word "God" onstage
- Yes** **Concerns** Play a character of a different gender, sexual orientation, or cultural background than your own.
- Yes** **Concerns** Perform staged sequences of violence
- Yes** **Concerns** Perform staged sexual behavior (such as seductive dance moves) and/or physical contact (kissing, etc.)

CONSENT: I hereby acknowledge that it is my choice to participate in the SRJC Theatre Arts audition process and I take full responsibility for my actions while doing so. I understand that auditions can be physically and vocally demanding; I will take care of myself and others, as well as abide by all safety instructions during the audition. give SRJC Theatre Arts permission to photograph and/or record my audition (for director's reference purposes only), as well as permission to announce and/or post my name should I be called back.

Name _____ **Signature** _____

If applicable, attach acting resume