

SRJC THEATRE ARTS DEPARTMENT AUDITION INFORMATION FORM (Revised 8/12/19) v2

SHOW: THE SOUND OF MUSIC 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 these shows: **The Good Doctor Yes No** **Candide at SSU Yes No**

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

Callback Availability: Callbacks are held **this Sunday, 1:00-9:00PM**; 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 the rehearsal hotline, and posted at one physical location (TBA) on **Saturday by 6:00PM**. *Actors with special situations can request to be notified by phone, email or text.*

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

Please print all information CLEARLY. Complete both sides of this form. If applicable, attach acting resume.

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
 Current SSU student

Phone #: 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 (*circle*): Sop. Alto Tenor Baritone Bass

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

Dance: List styles (ballet, tap, ballroom, etc.) & **skill level:** _____

Musical Instruments: (list instruments & skill level) _____

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

Experience and Training: On back of form, 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 your ACTING RESUME.**

FORM CONTINUES ON BACK SIDE

EXPERIENCE AND TRAINING (continued):

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.)

(circle)

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 disabilities, allergies and phobias is strictly voluntary.

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, circle *YES*. If you are uncomfortable with or unwilling to do any of the following, circle *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. I give the Theatre Arts Department permission to announce and/or post my name should I be called back.

Name _____ **Signature** _____