

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

SHOW: THE WEDDING SINGER **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 Yes No**

If auditioning for more than (1), 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

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 *(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):	<i>Available</i>	<i>Conflict</i> _____
Tuesdays after 6:00 PM:	<i>Available</i>	<i>Conflict</i> _____
Wednesdays after 6:00 PM:	<i>Available</i>	<i>Conflict</i> _____
Thursdays after 6:00 PM:	<i>Available</i>	<i>Conflict</i> _____
Fridays after <u>5:00 PM</u>:	<i>Available</i>	<i>Conflict</i> _____
Saturdays after <u>10 AM</u> (rare):	<i>Available</i>	<i>Conflict</i> _____
Sundays after <u>Noon</u>:	<i>Available</i>	<i>Conflict</i> _____

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 _____